

L21000021810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED  
DIVISION OF CORPORATION  
21 MAR 31 PM 3:41

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AITANA REMODELING AND PAINTING LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABRAHAM FREITES BECERRA

\_\_\_\_\_  
Name of Person

AITANA REMODELING AND PAINTING LLC

\_\_\_\_\_  
Firm/Company

517 KAHUNA DRIVE

\_\_\_\_\_  
Address

FORT WALTON BEACH, FL 32547

\_\_\_\_\_  
City/State and Zip Code

aitanacompany2021@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABRAHAM FREITES BECERRA

850 586-3513  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## DIVISION OF CORPORATIONS

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ABRAHAM FREITES BECERRA	517 KAHUNA DRIVE	<input checked="" type="checkbox"/> Add
		FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FREITES, ABRAHAM E	517 KAHUNA DRIVE	<input type="checkbox"/> Add
		FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Division of Corporations  
(if necessary)

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Abraham Foster

Signature of a member or authorized representative of a member

ABRAHAM FREITES BECERRA

Typed or printed name of signee

**Filing Fee: \$25.00**