

L21000049152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

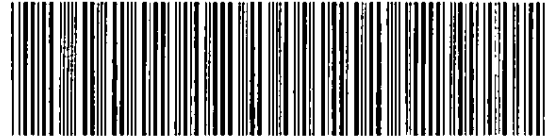
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/19/23--01019--001 **30.00

2023 JUL 19 PM 1:13
Filing Office

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME DRYWALL REPAIR 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:

MARIO ALONZO

Name of Person

Firm/Company

10215 NW 80TH DRIVE

Address

TAMARAC FL 33321

City/State and Zip Code

marioalonzo2671@gmail.com

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

For further information concerning this matter, please call:

MARIO ALONZO

954 793-5997
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

2023 JUL 19 PM 1:10

(Name of the Limited Liability Company as it now appears on our records):
(A Florida Limited Liability Company)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIO ALONZO	10215 NW 80TH DRIVE	<input checked="" type="checkbox"/> Add
		TAMARAC FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Esperanza Caridad de Sanchez	4126 NW 88TH VE APT 201 CORAL SPRING FL 33	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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.

Mario Alonzo
Signature of a member or authorized

Typed or printed name of signee

Filing Fee: \$25.00