

L21 0000 87386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

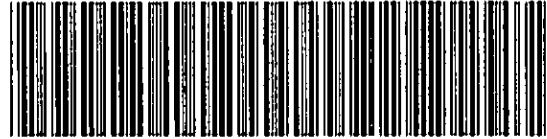
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/22/21--01011--012 **25.00

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2021 APR 22 P 1:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA PRO MULTI SERVICES 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:

OVIDIO MATOS

Name of Person

FLORIDA PRO MULTI SERVICES LLC

Firm/Company

7301 TRACEVIEW LN 301

Address

ORLANDO FL 32807

City/State and Zip Code

FLORIDAPROMULTISERVICES@USA.COM

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

For further information concerning this matter, please call:

OVIDIO MATOS 407 885-7868
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

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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	OVIDIO MATOS	7301 TRACEVIEW LN	<input type="checkbox"/> Add
		APT 301	<input type="checkbox"/> Remove
		ORLANDO FL 32807	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE CHANGE I AM REQUESTING IS TO CHANGE THE TITLE FROM CEO TO MGR.

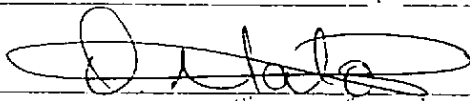
E. Effective date, if other than the date of filing: 02/19/2021 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated APRIL 19 2021



Signature of a member or authorized representative of a member

OVIDIO MATOS

Typed or printed name of signee

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