

LZ1000266518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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09/14/2010 10:49 AM

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SEP 14 2010 10:49 AM  
TALLAHASSEE, FL

09/15/24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LA SOLOMERITA 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:

JHENIFER MATEO FRANCISCO

Name of Person

Firm/Company

4440 NARANJA DR S

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

lasolomeritapainting@gmail.com

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

For further information concerning this matter, please call:

JHENIFER MATEO

904

667-7396

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

**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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input 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"/> Change |

FLORIDA STATE  
MID-50

7-11-93 AH 10:50  
STATE  
SEE FL

(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.

Dated AUGUST 21, 2024

Signature of a member or authorized representative of a member

JHENIFER E. MATEO FRANCISCO

Typed or printed name of signee

**Filing Fee: \$25.00**