

121 000310953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

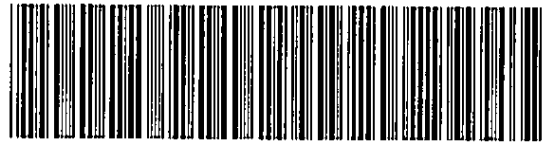
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

S.C.
08/10/21



500370601475

07/26/21--01023--013 **25.00

07/26/21 A 11:24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: lion floors 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:

Rafael Duarte

Name of Person

Firm/Company

113 tropicana pkwy e

Address

cape coral FL 33909

City/State and Zip Code

lionfloors1@yahoo.com

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

For further information concerning this matter, please call:

Rafael duarte

609

4378431

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

1 JUL 25 AM 11:26

U.S. DEPT. OF COMMERCE

69

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>
ambr	emerson duarte	113 tropicana pkwy e	<input type="checkbox"/> Add
		Cape Coral FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	lorrayne Duarte	113 tropicana pkwy e	<input type="checkbox"/> Add
		Cape Coral FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Rafael Duarte	113 tropicana pkwy e	<input checked="" type="checkbox"/> Add
		cape coral FL 33909	<input type="checkbox"/> Remove (1)
			<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

121

21. All:

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.

Dated 07/20/2021

Rafael Duarte

Typed or printed name of signee