

L21 000474444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

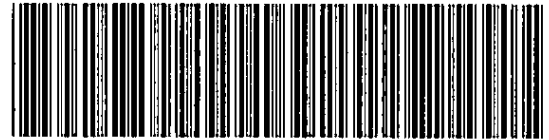
(Business Entity Name)

(Document Number)

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06/22/22--01006--012 **30.00

2022 JUN 22 11:56

Calabria

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALI & G SERVICES AND RECONSTRUCTION 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:

JORGE A GONZALEZ GARCIA

Name of Person

ALI & G SERVICE AND RECONSTRUCTION LLC

Firm/Company

3008 BROADWAY APT. 2

Address

WEST PALM BEACH FLORIDA 33407

City/State and Zip Code

JGO957@GMAIL.COM

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

For further information concerning this matter, please call:

JORGE A GONZALEZ GARCIA

561 633-1772
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

2022-01-22 17:11:56

(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	JORGE A GONZALEZ GARCIA	3008 BROADWAY APT. 2	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FLORIDA 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARTHA C ALICEA	3008 BROADWAY APT. 2	<input type="checkbox"/> Add
		WEST PALM BEACH FLORIDA 33407	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WOULD LIKE TO ADD JORGE A GONZALEZ GARCIA AS A MGR CHANGE MARTHA C ALICEA

AS AMBR EVERYTHING ELSE STAYS THE SAME.

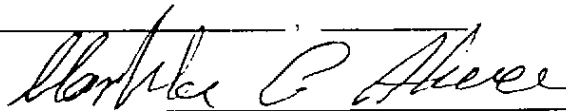
E. Effective date, if other than the date of filing: 01/01/2022 **(optional)**

(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 06/16/2022



Signature of a member or authorized representative of a member

MARTHA C ALICEA

Typed or printed name of signee

Filing Fee: \$25.00