

h21000516356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

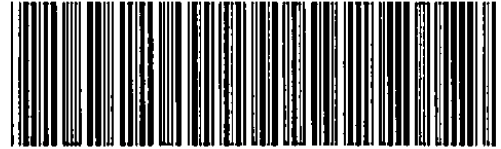
(Business Entity Name)

(Document Number)

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12/05/22--01009--004 *

A. RIVERS

FEB 13 2023

RECEIVED
FEB 13 2023
12:00 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALL AND EGON, 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:

FANNY CRUZ

Name of Person

FAN TAX OFFICE CORP

Firm/Company

1023 NE 14TH ST

Address

OCALA, FL 34470

City/State and Zip Code

FANTAXOFFICE2021@GMAIL.COM

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

For further information concerning this matter, please call:

FANNY CRUZ

Name of Person

352 426-9330

at ()

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type o</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Chai
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remc
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remov
			<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

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

[illegible]

F. Effective date, if other than the date of filing: _____ (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 605.0:

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 AUGUST, 10TH 2022

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Egon Alexander González Rullán
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00