

122 0000 16579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

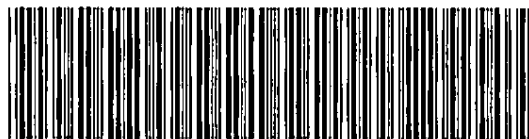
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800380067088

FILED
2022 JAN 24 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FL

Y. SCOTT
JAN 29 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KATIA RENTALS 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:

KATIA SUAREZ CABRERA

Name of Person

Firm/Company

5351 WINEWOOD DR

Address

SARASOTA, FL 34232

City/State and Zip Code

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

2022 JAN 24 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

KATIA SUAREZ CABRERA

941

284-1587

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

KATIA RENTALS

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>
AMBR	KATIA SUAREZ CABRERA	5351 WINEWOOD DR	<input type="checkbox"/> Add
		SARASOTA, FL 34232	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2022 JAN 24 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FL.

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

I WOULD LIKE TO CORRECT THE ADDRESS OF THE REGISTERED AGENT. THE STREET NAME IS
MISSPELLED. THE CORRECT ADDRESS IS: 5351 WINEWOOD DR. SARASOTA FL 34231

FILED
2022 JAN 24 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FL

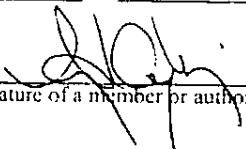
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (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 January 18, 2022.


Signature of a member or authorized representative of a member

Katie Suarez Cabrera

Typed or printed name of signee