

L22000019726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

J. HORNE
OCT - 6 2022

Office Use Only



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2022 OCT -5 PM 2:48

FILED

2022 OCT -5 AM 9:03

SECRETARY OF
TALLAHASSEE

FILED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/5/2022

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1075521

ORDER ENTITY

CAE GENERAL CONSTRUCTION LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CAE GENERAL CONSTRUCTION LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAE GENERAL CONSTRUCTION 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:

Joel Estrada

Name of Person

Firm/Company

422 NW 10th Street

Address

Homestead, FL 33030

City/State and Zip Code

joelestrada6@icloud.com

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

For further information concerning this matter, please call:

Joel Estrada

305

562-0058

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 OCT -5 AM 9:03
SECRETARY OF DEFENSE
FALL ANGELES

(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>
AMBR	Joel Estrada	422 NW 10 ST	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Vanessa Plasencia	422 NW 10 ST	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33030	<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"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 September 2022

Joel Estrada, Manager

Typed or printed name of signer

Filing Fee: \$25.00