

L22000073137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

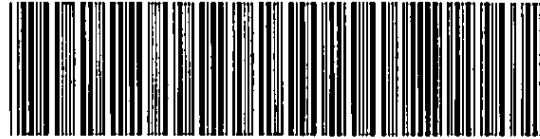
(Document Number)

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[Signature]



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09/22/22--01019--002 **25.00

22 SEP 22 AM 11:09
CLERK OF STATE
RECEIVED
CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORES PLASTERING 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 M FLORES

Name of Person

FLORES PLASTERING LLC

Firm/Company

1 TRUMAN CIRCLE UNIT C

Address

NAPLES FL 34104

City/State and Zip Code

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

For further information concerning this matter, please call:

JORGE M FLORES

239 537-3142

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

22 SEP 22 AM 11:10

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLORES, JORGE M

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/14/2022 and assigned
Florida document number L22000073137.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

☐ Add
☐ Change
☐ Remove
☐ Add

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

NAME FOR MANAGER TYPED INCORRECTLY

INCORRECT NAME JORGE M FLORES

CORRECT NAME JOSE M FLORES

PICTURE OF PASSPORT AND EIN SEND ALONG W AMMENDMENT

22 SEP 22 AM 11:10

DEPT. OF STATE
DIVISION OF CORPORATIONS

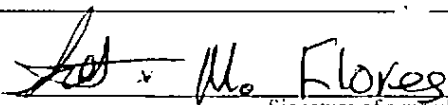
E. Effective date, if other than the date of filing: 09/15/2022 **(optional)**

(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 SEPTEMBER 15, 2022



Signature of a member or authorized representative of a member

JORGE M FLORES

Typed or printed name of signee

Filing Fee: \$25.00

ENCLOSURE PRESENTING A NOTIFICATION
IN ORDER TO REQUEST A REPLY AND A
REPLY TO THE REQUEST FOR NOTIFICATION.

Nombre: _____
 Dirección: _____
 Entidad Federativa: _____
 C.P. _____ Teléfono: _____

DOMICILIO DEL TITULAR / HOLDER'S ADDRESS
 ADRÈSE DU TITULAIRE

Dirección: _____
 Entidad Federativa: _____
 C.P. _____ Teléfono: _____

ESTE PASAPORTE ES VÁLIDO PARA TODOS LOS PAÍSES
THIS PASSPORT IS VALID FOR ALL COUNTRIES
CE PASSEPORT EST VALABLE POUR TOUS LES PAYS

Passport/
Pasaport

Tipo
Type/
Catégorie

P

Clave del país de expedición
Issuing state code/
Code du pays émetteur

MEX

FLORES HERNANDEZ

JOSE MANUEL

Nacionalidad / Nationality / Nationalité

MEXICANA

MEXICANA
Fecha de nacimiento/Date of birth/Date de naissance CURP/Personal No./No. personnel
701019050131HG

31. 01 1995

Sexo/ Sex/ Sexe

M

Lugar de nacimiento / Place of birth / Lieu de naissance

Lugar de nacimiento / Place of birth: SAN LUIS DE LA PAZ, IGTO., MEX

Fecha de expedición / Issue date / Date de délivrance

05 12 2020

Firma del titular/Holder's signature / Signature du titulaire


Fecha de caducidad / Expiry date / Date d'expiration

05 12 2026

Autoridad / Authority / Autoridade

Firma del titular/Holder's signature
Joss N. Flores

Autoridad / Authority / Autorität



MIAMI

P<MEXFLORES<HERNANDEZ<<JOSE<MANUEL<<<<<<<<<<
G396552051MEX9501315M2612052<<<<<<<<<<<<<<04

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314