

L22000210865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

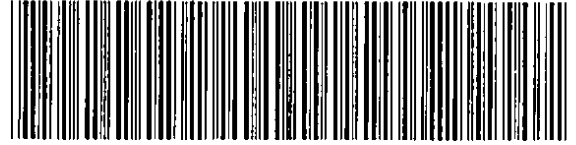
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/05/23--01012--014 **25.00

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CLERK OF STATE
TALLAHASSEE, FL

R. HUNT
07/05/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIAM TILE & FLOORING INSTALLERS 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:

NOE MALCA

Name of Person

MALCA TAX SERVICES INC

Firm/Company

5245 RAMSEY WAY SUITE 7

Address

FORT MYERS FL 33907

City/State and Zip Code

MALCATAX@GMAIL.COM

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

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For further information concerning this matter, please call:

NOE MALCA

239

810-8998

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

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	SOC PACHECO, JORGE G	1621 PAWNEE ST	<input checked="" type="checkbox"/> Add
		FORT MYERS FL 33916	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2023 JUN 5 PM 8:03
CLERK OF STATE
TALLAHASSEE, FL

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

2023-05-05 PM 8:03
OFFICE OF STATE
TREASURER, FL


E. Effective date, if other than the date of filing: 06/28/2023 (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 06/28/2023


Signature of a member or authorized

KAREN SALUCIO SAMAYOA

Typed or printed name of signee

Filing Fee: \$25.00