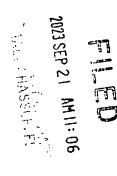
L22000218853

(Re	questor's Name)	
hA)	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	 	
	Office Use On	ly



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08/02/23--01008--023 **35.00





August 25, 2023

MARISA LEMBO 4327 LYNX PAW TRAIL VALRICO, FL 33596

SUBJECT: LEMBO ENTERPRISES, LLC

Ref. Number: L22000218853



We have received your document for LEMBO ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor Letter Number: 723A00019953

SEP 21 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lembo Enterprises, LL	<u>C</u>
Name of Limited Li	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the f	Collowing:
Marisa Lembo	123 S
Marisa Lembo Name of Person	EP 2
Lenoha Entroyica IIC	2023 SEP 21 AM II: 06 TALLAMASSEC FL
Lembo Enterprises, LVC Firm/Company	
U227 Lynn Dyntroil	FE 06
4327 Lynx PawTrail	_
Vairico FL 33596	
City/State and Zip Code	1
E-mail address: (to be used for future annual report notifi	dyman.com
·	cattony
For further information concerning this matter, please call:	
marisa Lembo ai (913	344-2677
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$5	55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company:	mbo Er	ter pri	St, LLC			
2		4327 Lynx Paw Trail, Vali			-same			
	(")	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	ed liabilu ST OFFI					
		5/10/22		L 220	0021885	.3		
3.		Date of filing/registration in Florida	4.	[Document number			
5.	(e)	Marisa Lembo						
٠,	(4)	Registered Agent and Registered Office shown on the r	ecords of the Florida	a Dept. of State;				
		3109 Red Lion Dr. Vali	rico FL	3359	6		202	
		Registered Office Address (MUST BE FLORIDA S					023 SEP 2	
						LLAHASSI	P	 n D
						<u>></u> :		1 1 201240
			, FL				A	
		marice lemm					AM II: 06	
	(b)	Enter name of NEW Registered Agent and/or NEW R	togistared Office ad	Idress:		-1771	90	
		Effect flame of <u>1812-9-18eg/secred reg</u> ent and/or <u>1842-9-18</u>	A CHANGE OF THE ALL	<u></u>		•	0.	
		4327 Lynx Paw Tra	VLDIL, 11	rico Fl	33596			
		NEW Registered Office Address:	,) (0,0					
			, FL					
cha age was	inge ent v s/we	limited liability company is not organized under e or changes are made, the Florida street address will be identical. Or, in the case of a Florida livere authorized by an affirmative vote of the medicles of organization or the operating agreement	ss of the registere mited liability co embers of the lin	ed office and ompany, it is nited liability	the business office hereby confirmed company or as oth	e of the that the	registe chang	ered (e(s)
		manualom Do		maris	Printed or typed name	کلا		
S	igna	ature of a member or authorized representative of a memb	per		Printed or typed name	of signee	:	
pro the to i	visi obl nere	eby accept the appointment as registered agent tions of all statutes relative to the proper and co digations of my position as registered agent as rely reflect a change in the registered office add ad in writing of this change.	and agree to act ompleie perform provided for in (dress, I hereby c	t in this capac ance of my di Chapter 605, onfirm that th	city. I further agre uties, and I am fan F.S. Or, if this do we limited liability (e to cor siliar wi cument compan	nply with and is being has	rith the l accept 1g filed been
Sig	natu	wre of Registered Agent						