

L22000230008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

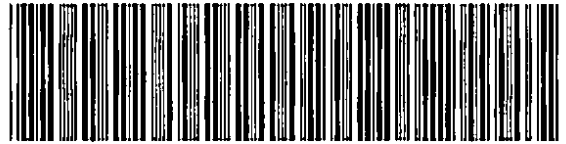
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J. HORNE

SEP 29 2022

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2022 JUN 29 PM 1:23
SECRETARY
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TALLERES HICIANO 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:

JUAN B. HICIANO

Name of Person

Firm/Company

2117 POLO CLUB DR APT 102

Address

KISSIMMEE FL 34741

City/State and Zip Code

giankasamultiservices@gmail.com

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

For further information concerning this matter, please call:

Karla Padilla

407 530-9292
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

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2022 JUN 29 PM 1:23
SECRETARY OF
TALLAHASSEE

(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	JUAN B. HICIANO	2117 POLO CLUB DR APT 102	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LUCRECIA HICIANO	2117 POLO CLUB DR APT 102	<input type="checkbox"/> Add
		KISSIMMEE FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARLA Y HICIANO	2117 POLO CLUB DR APT 102	<input type="checkbox"/> Add
		KISSIMMEE FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

AND CAN YOU PLEASE ADD THE EIN# 882542582

[illegible]

(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)

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 JUNE 20TH 2022

Signature of a member or authorized representative of a member

JUAN B HICIANO

Typed or printed name of signee