

L2200027773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

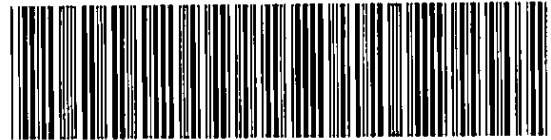
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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FILED

2024 JUN 14 AM 10:15

STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUN 14 PM 2:46

STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

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 6/14/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1261679

ORDER ENTITY
4 JEAN LA FITTE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

4 JEAN LA FITTE LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

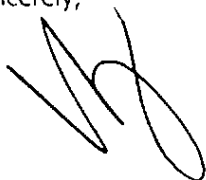
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,



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.

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2024 JUN 14 AM 10:15

(Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company)) **LORENZO J. J. STATE
TALLAHASSEE, FLORIDA**

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	Mark Louis Reineri	155 Cort Lane	<input type="checkbox"/> Add
		Tavernier, FL 33070	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carly Reineri Thellman 2024 Trust	2175 Federal Road	<input checked="" type="checkbox"/> Add
		Roswell, GA 30075	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2024 JUN 14 AM 10:15
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

FILED
2024 JUN 14 AM 10:15
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(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)

Typed or printed name of signee