

h22000338362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

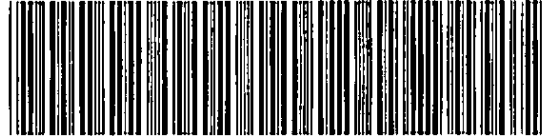
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

JAN 17 2023

Office Use Only



400396346434

10/21/22--01014--004 **25.00

FILED
SECRETARY OF STATE
JAN 17 2023
2022 OCT 21 PM 3:42

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STRUKTURE WALLS & CEILINGS 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:

Benjamin Martinez

Name of Person

STRUKTURE WALLS & CEILINGS LLC

Firm/Company

5310 RIVER ROCK RD

Address

LAKELAND FLORIDA 33809

City/State and Zip Code

ben@strukturewallsceilings.com

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

For further information concerning this matter, please call:

Benjamin Martinez

863 797-3785
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>
MGR	Benjamin Martinez	5310 RIVER ROCK RD, LAKELAND, FL 33809	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Benjamin Martinez	5310 RIVER ROCK RD, LAKELAND, FL 33809	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mirsa Victoria Velasquez	34 UNCLE PETE RD, HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 1, 2022


Signature of a member or authorized representative of a member

Benjamin Martinez

Typed or printed name of signee