

L22000406795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

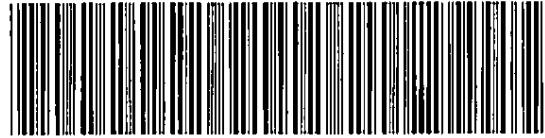
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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03/07/23--01053--004 **43.75

FILED
2023 JUN 20 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FL

Name Change

JUN 29 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Almanzar Cleaning and Detailing "LLC"

DOCUMENT NUMBER: L22000406795

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zunilda Soto
Name of Contact Person

Firm/ Company

540 Sun Warbler Way
Address

Saint Cloud FL 34771
City/ State and Zip Code

Zunildaalberto7376@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zunilda Soto at (407) 861-8167
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2023

ZUNILDA SOTO
540 SUN WARBLER WAY
SAINT CLOUD, FL 34771

SUBJECT: ALMANZAR CLEAMING AND DETALLING "LLC"
Ref. Number: L22000406795

We have received your document for ALMANZAR CLEAMING AND DETALLING "LLC" and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

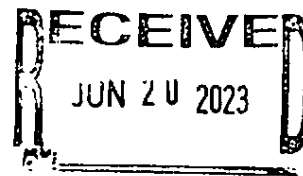
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 323A00012177



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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

