

L22000416482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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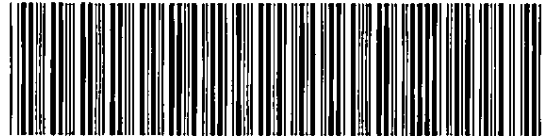
(Business Entity Name)

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TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAMARGO FRAMING 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:

SERGIO CAMARGO BARAJAS

\_\_\_\_\_  
Name of Person

CAMARGO FRAMING LLC

\_\_\_\_\_  
Firm/Company

5986 COBBLER LN LOT 34

\_\_\_\_\_  
Address

CRESTVIEW, FLORIDA 32539

\_\_\_\_\_  
City/State and Zip Code

nichele99@gmail.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

SERGIO CAMARGO BARAJAS

850 398-7134  
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

CAMARGO FRAMING LLC

N/A

**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	BENITO CAMARGO BARAJAS	127 BEACONS BEND RD	<input type="checkbox"/> Add
		CRESTVIEW, FLORIDA 32536	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OCTAVIO CAMARGO BARAJA:	127 BEACONS BEND RD	<input type="checkbox"/> Add
		RESTVIEW, FLORIDA 32536	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA  
TALLAHASSEE, FL

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 14TH 2023

Typed or printed name of signee

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**Filing Fee: \$25.00**