

L22000442867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

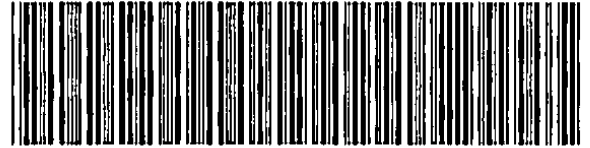
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600396241216

NOV 14 2022

11/15/22--01003--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV 14 PM 1:46

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

NO STRESS CLAIMS CONSULTING LLC

SUBJECT: _____
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:

GIAN CLAUDIO CAPOSSELA DIAZ

Name of Person

NO STRESS CLAIMS CONSULTING LLC

Firm/Company

8247 NW 108TH CT UNIT 5

Address

DORAL FLORIDA 33178

City/State and Zip Code

GIANCLAUDIOCD@GMAIL.COM

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

For further information concerning this matter, please call:

GIAN CLAUDIO CAPOSSELA DIAZ

786

3197975

Name of Person

at (_____) _____

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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV 14 PM 1:46

FILED

If Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GIAN C CAPOSSELA DIAZ	8247 NW 108TH CT UNIT 5	<input type="checkbox"/> Add
		DORAL, FL. 33178 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GIAN C CAPOSSELA DIAZ	8247 NW 108TH CT UNIT 5	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33178 US	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

GIAN C CAPOSSELA DIAZ TITLE NEEDS TO BE CHANGED FROM MANAGER (MGR)

TO AUTHORIZED MEMBER (AMBR)

FILED
2022 NOV 14 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FL

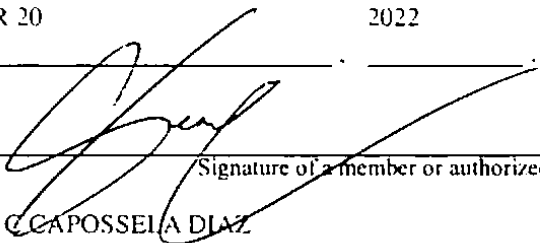
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)(f)

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.

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.

OCTOBER 20 2022
Dated _____



Signature of a member or authorized representative of a member

GIAN C CAPOSSELA DIAZ

Typed or printed name of signee