

L22000483581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

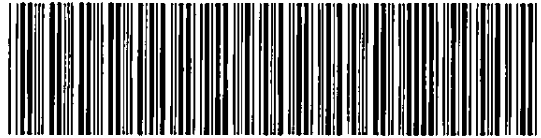
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000428382190

04/23/24--01032--016 **25.00

5/6/24
RW

FILED
2024 APR 23 PM 5:05
CLERK OF COURT
JANUARY 1, 2024

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **AMT SERVICIOS ESPECIALIZADOS 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:

ORIEL MONTERO

Name of Person

MONTERO CPA TAX & ACCOUNTING

Firm/Company

2574 N UNIVERSITY DR SUITE 206

Address

SUNRISE FLORIDA 33322

City/State and Zip Code

omontero@monterocpa.com

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

For further information concerning this matter, please call:

ORIEL MONTERO

(954) 683-2628

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

MGR = Manager
AMBR = Authorized Member

[illegible]