

L230000017073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

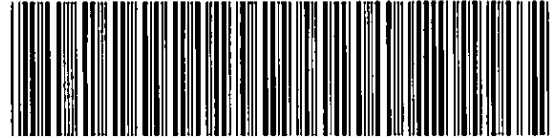
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CERTIFICATION CENTER**

\_\_\_\_\_  
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:

FRANCISCO J COLON

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

CERTIFICATION CENTER, LLC

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

8620 S ORANGE BLOSSOM TRL

\_\_\_\_\_  
Address

ORLANDO, FL 32809

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

ADMIN@CERTIFICATIONCENTER.COM

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

For further information concerning this matter, please call:

FRANCISCO J COLON

407

250-1530

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

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**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	FRANCISCO J COLON	1333 LAKE BALDWIN LN 113	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DPST	FRANCISCO J COLON	1333 LAKE BALDWIN LN 113	<input type="checkbox"/> Add
		ORLANDO, FL 32814	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2023 FEB 17 11:04  
TALLAHASSEE FL  
STATE

[illegible]

(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)(b)

Dated February 10, 2023

FRANCISCO J COLON

Typed or printed name of signee

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