

L230000T7554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

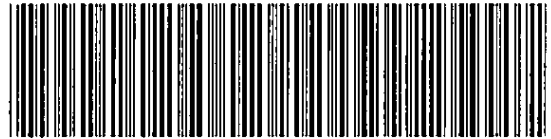
(Business Entity Name)

(Document Number)

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

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STATE  
CLERK OF COURT  
TALLAHASSEE, FL

0-4/23/24

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: DAVILA LUIS REMODELING 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:

JOSE LUIS DAVILA DOCANDO

Name of Person

DAVILA LUIS REMODELING LLC

Firm/Company

9412 N 50TH ST

Address

APT A TAMPA FLORIDA 33617

City/State and Zip Code

osmanybruzon@gmail.com

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

For further information concerning this matter, please call:

OSMANY BRUZON SERRANO

813 735-7346  
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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TALLAHASSEE, FL  
JAN 31 2007  
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Buliza  
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	OSMANY BRUZON SERRANO	9412 N 50ND ST APT A	<input checked="" type="checkbox"/> Add
		TAMPA FLORIDA 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ODELMIS LAVIN DIAZ	9412 N 50ND ST APT A	<input type="checkbox"/> Add
		TAMPA FLORIDA 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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COUNTY OF STATE  
ADAMSSEE, FL

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NOT STATE  
MISSISSIPPI

(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)

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.

Dated 07/23/2024

Signature of a member or authorized representative of a member

José Luis Davila Pacando  
Typed or printed name of signer