

L23000096935

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STATE
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COVER LETTER

**TO: Registration Section
Division of Corporations**

East West Family Legacy Development 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:

Lourdes R Aguirre

Name of Person

East West Family Legacy Development LLC

Firm/Company

645 MACGLENROSS DRIVE

Address

Oviedo Florida 32765

City/State and Zip Code

lourdes@jemica.net

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

For further information concerning this matter, please call:

Lourdes R Aguirre

786

413-6077

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

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

Title	Name	Address	Type of Action
MGR	JULIO I GONZALEZ	645 MACGLENROSS DRIVE OVIEDO FL 32765	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHELLE PARRISH	304 TEMPLE DRIVE SANFORD FL 32771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	NORMA GONZALEZ	645 MACGLENROSS DRIVE OVIEDO FL 32765	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	NORMA Gonzalez	Remove FROM LLC.	<input type="checkbox"/> Add
			<input checked="" 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

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STATE OF FL

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

REGISTERED AGENT JULIO I GONZALEZ TO BE MGR AND NORMA GONZALEZ TO BE REMOVED FROM LLC

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STATE
OFFICE

04/12/2023

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)(b)

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.

04/12/

2023

Dated _____

Signature of a member or authorized representative of a member

LOURDES R. AGUIRRE

Typed or printed name of signer