

L23000145737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

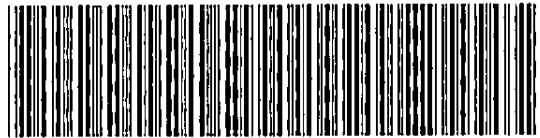
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

06206

Office Use Only



900406082279

2023 JUN 16 PM 6:24

06206

S. FRANKLIN

JUN 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KARLITASWAY 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:

Carla I Ancelmo

Name of Person

KARLITASWAY LLC

Firm/Company

6126 Grey Heron Dr

Address

Winter Haven FL 33881

City/State and Zip Code

carla_ancelmo@yahoo.com

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

For further information concerning this matter, please call:

Carla I Ancelmo

863

245-6548

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

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>
AP	Jesus A Jaimes	6126 GREY HERON DR	<input type="checkbox"/> Add
		Winter Haven FL 33881	<input checked="" type="checkbox"/> Remove
		6126 GREY HERON DR	<input type="checkbox"/> Change
Manager	Carla I Anselmo	WINTER HAVEN, FL 33881	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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)

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.

 _____
Signature of a member or authorized representative of a member

Jesus Jaimes
Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2023

CARLA I ANCELMO
6126 GREY HERON DR
WINTER HAVEN, FL 33881 US

SUBJECT: KARLITASWAY LLC
Ref. Number: L23000145737

We have received your document for KARLITASWAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 823A00012286

RECEIVED

JUN 16 2023