

L23000155076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

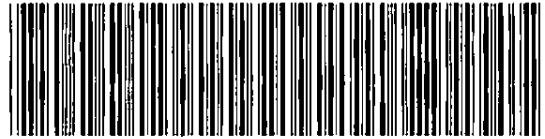
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500414472495

09/13/23--01008--015 \*\*25.00

FILED

2023 SEP 13 PM 12:27

CLERK OF COURT

*[Handwritten signature]*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ISABEL ESPINOZA HOUSEKEEPING SERVICE 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:

ISABEL ESPINOZA LARA

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

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

3113 CORTEZ ROAD WEST LOT 79

\_\_\_\_\_  
Address

BRADENTON, FL 34207

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

basant@ashuinsurance.com

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

For further information concerning this matter, please call:

ISABEL ESPINOZA LARA                      941              580-7443  
\_\_\_\_\_  
Name of Person                      at (              )              Area Code              Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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>
MGRM	ISABEL ESPINOZA LARA	3113 CORTEZ ROAD	<input type="checkbox"/> Add
		BRADENTON, FL 34207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ISABEL ESPINOZA LARA	3113 CORTEZ ROAD WEST LOT 79	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.

Isabel Espinoza.

ISABEL ESPINOZA LARA

**Filing Fee: \$25.00**