

L23000177977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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200410815382

06/20/23--01012--006 **25.00

2023 JUN 20 PM 2:39

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Toj Yat Roofing 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:

Ronal Toj Yat

Name of Person

Firm/Company

5540 23rd Street

Address

Zephyrhills, FL 33542

City/State and Zip Code

TYRonald188@gmail.com

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

For further information concerning this matter, please call:

Ronal Toj Yat

813

706-8813

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>
AMBR	Celeste Toj Yat	11707 PASADENA RD	<input type="checkbox"/> Add
		DADE CITY, FL 33525	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cinthia Perez Romero	5540 23rd Street	<input type="checkbox"/> Add
		Zephyrhills, FL 33542	<input type="checkbox"/> Remove
			<input checked="" 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)

Filing Fee: \$25.00