

10/5/23, 7:19 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX TRAINERS INTERNATIONAL CONSULTANTS LLC
Account Number : 120710000123
Phone : (321)315-9576
Fax Number : (321)234-0285

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHEF CASERO SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

OCT - 6 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHEF CASERO SERVICES 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:

MIGUEL J ROMER MENDOZA

Name of Person

TAX TRAINERS INTERNATIONAL CONSULTANTS LLC

Firm/Company

3585 GRANDE RESERVE WAY APT 209

Address

ORLANDO FL 32837

City/State and Zip Code

DOCS@TAXTRAINERSINTL.COM

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

For further information concerning this matter, please call:

MARCELA RUIZ GONZALEZ

407 690-1210

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 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	COLINA RAGGIO, JESUS E	4725 OLIVE BRANCH APT 603	☐ Add
		ORLANDO FL 32804	☒ Remove
			☐ Change
AMBR	RUIZ, GONZALEZ, MARCELA	2154 Whitney Marsh Aly	☐ Add
		Orlando FL 32804	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

28 OCT - 6 PM 12:30
FILED

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

THE LAST NAMES OF MRS MARCELA A RUIZ GONZALEZ ARE BEING FIXED ON THIS AMENDMENT
BE MISTAKE THOSE LAST NAMES WERE SWITCHED AS FOLLOWS

AMBR WRONG NAME MARCELA GONZALEZ RUIZ

AMBR RIGHT NAME MARCELA A RUIZ GONZALEZ

FILED
2023 OCT -6 11:12:30
MICHIGAN

E. Effective date, if other than the date of filing: 10-05-2023 (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 695 0207 (3)(c).

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: (a) The 50th day after the record is filed.

Dated OCTOBER 5th

2023

Signature of a member or authorized representative of a member

MARCELA A RUIZ GONZALEZ

Typed or printed name of signer

Filing Fee: \$25.00