

L 23000029104.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

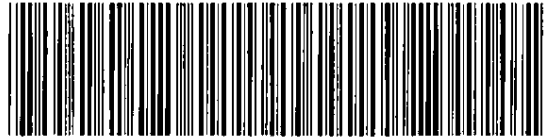
(Document Number)

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08/19/24--01036--015 **25.00

08/19/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA FRAMING 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:

May Gonzalez

Name of Person

MGR Accounting LLC

Firm/Company

4129 Targee Ave

Address

North Port FL 34287

City/State and Zip Code

may@mgraccounting.com

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

For further information concerning this matter, please call:

May Gonzalez

941 4162984

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	ARIEL, BEYONCE	21042 IONIA AVE	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carranza, Hermelindo	21042 IONIA AVE	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FL 34287	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Filing Fee: \$25.00