

L23000390286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

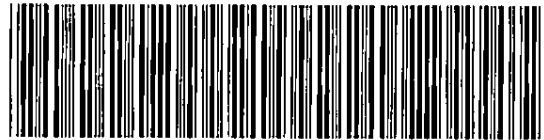
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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September 5th, 2023

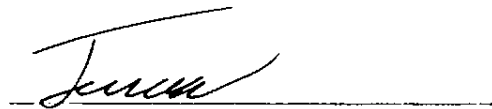
To whomever it may concern,

We are writing this letter to inform you that we, **Janser Reyes** and **Yeynel Reyes**, have agreed to remove Yeynel Reyes from **Reyes Flooring Crafts LLC** as an Authorized Person. He has voluntarily chosen to leave the Limited Liability Company, however, Janser Reyes will continue to be the primary authorized representative of the company.

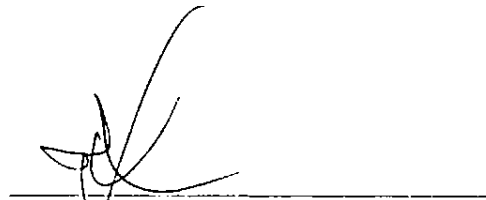
Attached with this letter is the amendment form for the Division of Corporations, alongside a check with the required \$25 for the filing fee.

If you have any questions feel free to contact us at the provided cell phone numbers. Thank you.

Sincerely,



Janser Reyes
239-222-7370



Yeynel Reyes
786-314-846

Reyes Janser 123a@gmail.com

STATE OF FLORIDA
COUNTY OF LEE

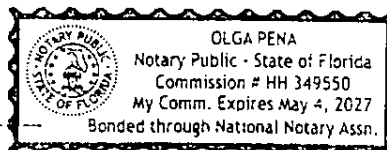
Sworn and subscribed before me this 9/7/23 by **Janser Reyes** and **Yeynel Reyes**.



NOTARY PUBLIC

Olga Pena
Name of Notary Public

My Commission Expires: May 4 2027
Commission Number: HH 349550



(SEAL)

Appeared before me by means of:

- ☐ Online Notarization
☐ Personally Know or
☒ Produced ID

Type of ID FL DRIV Lic.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REYES FLOORING CRAFTS 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:

JANSER REYES

Name of Person

Firm/Company

2906 11TH ST W

Address

LEHIGH ACRES, FL. 33936

City/State and Zip Code

reyesjanser123@gmail.com

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

For further information concerning this matter, please call:

JANSER REYES

239 222-7370

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

Removing Yeynel as an Authorized Person.

[illegible]

E. Effective date, if other than the date of filing: _____ (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 605.0207 (3)(b)

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: (b) The 90th day after the record is filed.

Dated 9-7-23

True

Signature of a member or authorized representative of a member

Danser Reyes

Typed or printed name of signee