

L23000440831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

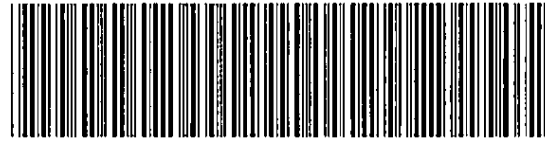
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK

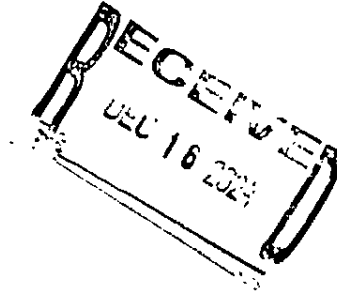


FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2024

MOHAMMAD JARRAL
26246 WESLEY CHAPEL BLVD
LUTZ, FL 33559

SUBJECT: LIKENEWMODIFY, LLC
Ref. Number: L23000440831



We have received your document for LIKENEWMODIFY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATIONS, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers
Regulatory Specialist III

Letter Number: 924A00025558

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Like New Modify LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Betancourt
Name of Person

Like New Modify LLC
Firm/Company

26246 Wesley Chapel Blvd
Address

Lutz FL 33559
City/State and Zip Code

itsdavid14@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Betancourt at (907) 301-9393
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Lake New Modify LLC

2. (a) 21855 Amelia Rose Way (b) J Post and Print
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Land O Lake Florida 34637

26246 Wesley Chapel Blvd

Lutz Florida 33559

Sep 2023

L23000440831

3. Date of filing/registration in Florida

4. Document number

5. (a) Inc Authority
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2415 N. Monroe St
Tallahassee, FL 32303

(b) J Post and Print
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

26246 Wesley Chapel Blvd
NEW Registered Office Address:

Lutz, FL 33559

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

David Betancourt
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00