

L23000451393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

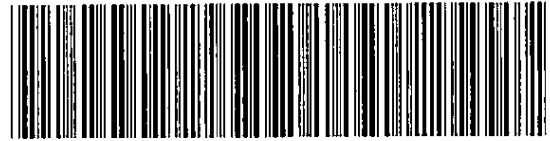
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500418723625

11/13/23--01010--020 *\$25.00

23 NOV 13 AM 6:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SORA LAWN SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMMY RODRIGUEZ VEGA

Name of Person

SORA LAWN SERVICES LLC

Firm/Company

11610 SKYVIEW LN

Address

CLERMONT, FL 34715

City/State and Zip Code

Soralawnservices@usa.com

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

For further information concerning this matter, please call:

BETSAIDA RODRIGUEZ

Name of Person

at (321) 945-3216

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 recbrds:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SAMMY RODRIGUEZ VEGA	11610 SKYVIEW LN	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BERSAIDA RODRIGUEZ	11610 SKYVIEW LN	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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)

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.

Nov 9TH 2023

SAMMY RODRIGUEZ VEGA

Typed or printed name of signee