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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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000419217010

11/21/23--01036--023 **\$5.00

11/21/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

Complete Pro Solutions LLC

SUBJECT: _____
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:

Nathaniel Lopez

Name of Person

Complete Pro Solutions LLC

Firm/Company

204 Buttonwood Drive

Address

Longwood 32779

City/State and Zip Code

Info@completeprosolutions.com

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

For further information concerning this matter, please call:

Nathaniel Lopez

321 2465993

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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

Forget to add qualifier

[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.

November 15 2023

Dated _____, _____

Signature of a member or authorized representative of a member

Nathaniel Lopez
Typed or printed name of signee