

L 23 000 548 505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

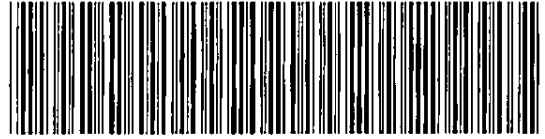
(Business Entity Name)

(Document Number)

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2024 JAN 30 11 08:13

cf 2/11/2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R L LOPEZ 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:

PAMELA A GREN

Name of Person

EXPRESS 1040 INC

Firm/Company

319 3RD ST NW

Address

WINTER HAVEN FL 33881

City/State and Zip Code

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

For further information concerning this matter, please call:

PAMELA A GREEN

8632931

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

2024 JUL 30 AM 8:13

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

N/A

208 6TH WAHNETA TERR EAST

WINTER HAVEN FL 33880

(Mailing address MAY BE A POST OFFICE BOX)

ROSA LOPEZ

208 6TH WAHNETA TERR EAST

Enter Florida street address

WINTER HAVEN

Florida 33880

Civ

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	ROSA LOPEZ	208 6TH WAHNETA TERR EAST	<input checked="" type="checkbox"/> Add
		WINTER HAVEN FL 33880	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAMELA GREEN	208 6TH WAHNETA TERR EAST	<input type="checkbox"/> Add
		WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

- N/A

F. Effective date, if other than the date of filing: JANUARY 1, 2024 (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 JANUARY 24, 2024

Signature of a member or authorized representative of a member

ROSA LOPEZ

Typed or printed name of signee

Filing Fee: \$25.00