

L2H000108592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

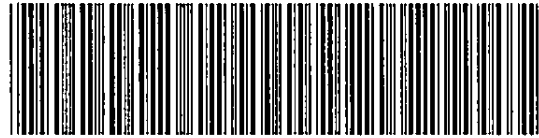
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TALLAHASSEE, FL 32304  
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RECEIVED  
TALLAHASSEE, FL 32304

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JD PRECISION PAINTING 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:

JHONY OSWALDO DIAZ TOBAR

Name of Person

Firm/Company

548 WINER AVE SW

Address

PALM BAY, FL 32908

City/State and Zip Code

jdprecisionllc@gmail.com

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

For further information concerning this matter, please call:

JHONY OSWALDO DIAZ TOBAR

252 7226616  
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

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SECRETARY OF STATE  
TALLAHASSEE, FL

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMANDA M FLORES	3320 SAXON DT, MELBOURNE FL, 32901	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

2021 AUG -8 PM 12:03  
SECRET  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**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 August 01st, 2024

JOHN OSWALDO DIAZ TORRES

Signature of a member or authorized representative of a member

JHONY OSWALDO DIAZ TOBAR

Typed or printed name of signee

**Filing Fee: \$25.00**