

L241000138867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

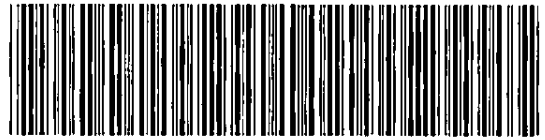
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

623

Office Use Only



100427856251

04/19/24--01024--003 **60.00

62

62

62

2024 JUN -8 11:58:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2024

ALFREDO JOSE CHIRINOS ROO
867 CAMPBELL ST E
LEHIGH ACRES, FL 33974

SUBJECT: ARTE Y SOLUCIONES DRYWALL LLC
Ref. Number: L24000138867

We have received your document for ARTE Y SOLUCIONES DRYWALL LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 White
Regulatory Specialist III

Letter Number: 424A00010103

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTE Y SOLUCIONES DRYWALL 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:

ALFREDO JOSE CHIRINOS ROO
Name of Person
ARTE Y SOLUCIONES DRYWALL LLC
Firm/Company
867 Campbell St E
Address
Lehigh Acres, FL 33974
City/State and Zip Code
alfrechirinos87@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFREDO JOSE CHIRINOS ROO 239 603-5801
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[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.

Alfredo chirinos

ALFREDO JOSE CHIRINOS ROO

Filing Fee: \$25.00