

L24 000 155 1503 ⁽¹¹⁾

(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



700434624757

08/14/24--01017--002 **25.00

2024 AUG 14 PM 12:13

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAR SERVICES OF FLOIRDA 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:

LUIS A RAMIREZ

Name of Person

LAR SERVICES OF FLOIRDA LLC

Firm/Company

325 PARKWAY CR

Address

GREENACRES FL 33412

City/State and Zip Code

LRSERVICESFL@GMAIL.COM

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

For further information concerning this matter, please call:

LUIS A RAMIREZ

561 635-6690
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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 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

[illegible]

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

I AM CORRECTING THE NAME BECAUSE WHEN I FILED THE ORIGINAL I CHANGED TWO LETTERS
BY ERROR. MY EIN WAS FILE WITH THE CORRECT NAME OF LRM SERVICES OF FLORIDA LLC .

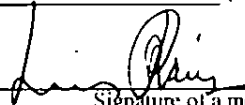
E. Effective date, if other than the date of filing: 04/01/2024 **(optional)**

(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 07/30 2024



Signature of a member or authorized representative of a member

LUIS A RAMIREZ

Typed or printed name of signee