

L24000177839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

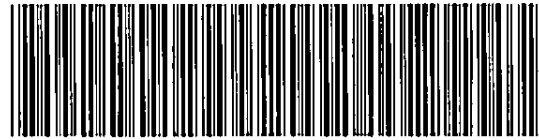
(Document Number)

Certified Copies _____

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TALLAHASSEE, FL

RECEIVED
2024 APR 26 AM 8:48
DEPT OF STATE
TALLAHASSEE, FLORIDA

H. HUNT
04/26/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FERSO 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:

SANTA ORTIZ

Name of Person

Firm/Company

12326 LAVENDER LOOP

Address

BRADENTON FL 34212

City/State and Zip Code

FERSOGROUP@OUTLOOK.COM

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

For further information concerning this matter, please call:

SANTA ORTIZ

347 233-3381

at ()

Name of Person

Area Code

Daytime Telephone Number

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

FERSO LLC

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>
P	SANTA ORTIZ	12326 LAVENDER LOOP	<input type="checkbox"/> Add
		BRADENTON FL 34212	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ODELYON SOSA	12326 LAVENDER LOOP	<input type="checkbox"/> Add
		BRADENTON FL 34212	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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7:46 PM
MAR 7 2006
CLERK OF STATE
TALLAHASSEE, FL

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

THE PRINCIPAL ADDRESS WAS MISSPELLED

THE CORRECT ADDRESS SPELLING IS 12326 LAVENDER LOOP BRADENTON FL 34212

2024 APR 25 AM 7:46
CLERK OF STATE
TALLAHASSEE, FL

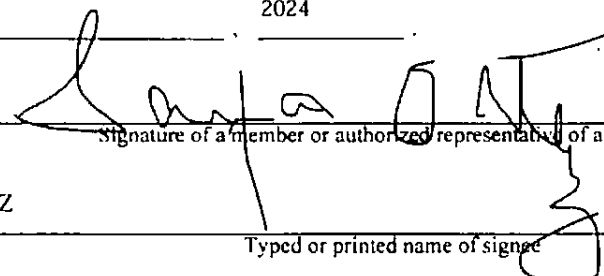
E. Effective date, if other than the date of filing: 04/15/2024 **(optional)**

(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 APRIL 25, 2024



Signature of a member or authorized representative of a member

SANTA ORTIZ

Typed or printed name of signer