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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

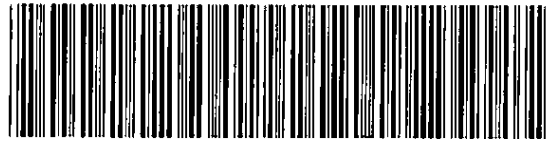
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/31/24

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARGUELLO CONTRACTOR S.A. 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:

DOUGLAS J. ARGUELLO LEAL  
Name of Person  
ARGUELLO CONTRACTOR S.A. LLC  
Firm/Company  
618 GERALD AVE APT 423  
Address  
LEHIGH ACRES, FL 33936  
City/State and Zip Code  
ARGUELLOLEALJHON@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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STATE  
TALLHASSEE, FL

For further information concerning this matter, please call:

DOUGLAS J. ARGUELLO LEAL at (786) 9610357  
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



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	YANET HERNANDEZ CINTERO	733 LA PLATA AVE	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33974	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
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