

# L24000256104

\_\_\_\_\_  
(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



800433025488

07/16/24--01011--024 \*\*25.00

T. MATTHEWS

JUL 25 2024

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: LAZO & L GENERAL SERVICES, 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:

LEONARDO LAZO MENENDEZ

\_\_\_\_\_  
Name of Person

LAZO & L GENERAL SERVICES, LLC

\_\_\_\_\_  
Firm/Company

8733 STERLING LN

\_\_\_\_\_  
Address

PORT RICHEY/FLORIDA 34668

\_\_\_\_\_  
City/State and Zip Code

CUBANITO200235@YAHOO.ES

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

For further information concerning this matter, please call:

LEONARDO LAZO MENENDEZ

813 4100102  
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

**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>
MGR	LEONARDO LAZO	8733 STERLING LANE	<input type="checkbox"/> Add
		PORT RICHEY, FL	<input checked="" type="checkbox"/> Remove
		34668	<input type="checkbox"/> Change
MGR	LEONARDO LAZO MENENDEZ	8733 STERLING LANE	<input checked="" type="checkbox"/> Add
		PORT RICHEY, FL	<input type="checkbox"/> Remove
		34668	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I FORGOT TO PUT MY SURNAME MENENDEZ.

E. Effective date, if other than the date of filing: 7/12/2024 (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 7/10/2024

Signature of a member or authorized representative of a member

LEONARDO LAZO MENENDEZ

Typed or printed name of signee

**Filing Fee: \$25.00**