

L24 000 Z78 S99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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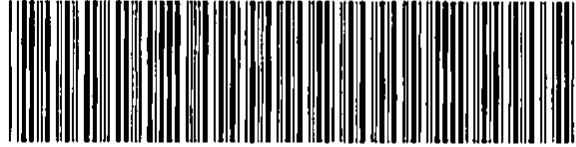
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAINT PETERSBURG BOOKKEEPING 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:

DANIEL RUIZ

Name of Person

SAINT PETERSBURG BOOKKEEPING LLC

Firm/Company

12001 MLK JR ST N APT 3610

Address

SAINT PETERSBURG FL 33716

City/State and Zip Code

ROMETHKID@gmail.com

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

For further information concerning this matter, please call:

DANIEL RUIZ

Name of Person

at 703 984 5992

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

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SAINT PETERSBURG BOOKKEEPING LLC

The Articles of Organization for this Limited Liability Company were filed on 6/19/24 and assigned Florida document number LC24000278599.

If Changing Registered Agent, Signature of New Registered Agent

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>DANIEL RUIZ</u>	<u>12001 MCK JR ST N</u>	<input type="checkbox"/> Add
		<u>APT 3610</u>	<input type="checkbox"/> Remove
		<u>SAINT PETERSBURG FL 33716</u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Nectali Ruiz</u>	<u>8423 Camden Street</u>	<input checked="" type="checkbox"/> Add
		<u>Apt D</u>	<input type="checkbox"/> Remove
		<u>Tampa, FL 33614</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated 11/15/24

Signature of a member or authorized representative of a member

DANIEL RUIZ

Typed or printed name of signee

Filing Fee: \$25.00