

L24000379926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

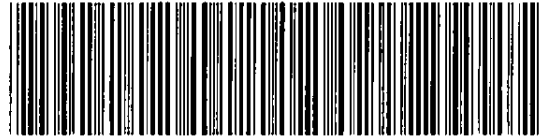
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100436452321

09/16/24--01017--012 **25.00

STATE
CLERK
AM 6:30
FL

CLERK
09/16/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: La Casa Domingo
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:

Carissa Kowal

Name of Person

La Casa Domingo

Firm/Company

10507 Vignon Court

Address

Wellington FL, 33449

City/State and Zip Code

lacasadomingolc@gmail.com

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

For further information concerning this matter, please call:

Carissa Kowal

at (561) 507-7832
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

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	Robert Cruz	10507 Vignon Court	<input type="checkbox"/> Add
		Wellington FL, 33449	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jose Irizarry	PO BOX 742	<input type="checkbox"/> Add
		Lake Worth FL, 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carissa Kowal	10507 Vignon Court	<input checked="" type="checkbox"/> Add
		Wellington FL, 33449	<input checked="" 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

STATE
MICHIGAN
MAY 10 2016
10:30 AM
CLERK OF COURT
JANESVILLE, WI

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

2015 AM 6:30
STATE
MISSISSIPPI

15 AM 6:30
MISSISSAUGA, ONTARIO
MISSISSAUGA, ONTARIO

E. Effective date, if other than the date of filing: September 11, 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 September 11, 2024

Signature of a member or authorized representative of a member

Carissa Kowal

Typed or printed name of signee