

L24 000390749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

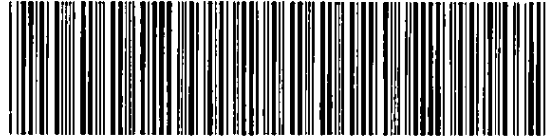
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/24--01018--022 **25.00

24 OCT 22 PM 12:05
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRODUCTOS ENLAZADOS 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:

LUISALBA HERNANDEZ DE PINTO

Name of Person

Firm/Company

12041 KATHLEEN CT

Address

CLERMONT, FL 34711

City/State and Zip Code

Productosenlazados@gmail.com

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

For further information concerning this matter, please call:

Luisalba Hernandez

407

9152915

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 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

[illegible]

[illegible]

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 OCTOBER 14 2024

[Handwritten signature]

LUISALBA HERNANDEZ DE PINTO

Filing Fee: \$25.00

Florida

TEMPORARY
DRIVER LICENSE



4d DLN **H655-525-71-745**

1 **HERNANDEZ DE PINTO**
2 **LUISALBA**
8 **2951 ADDISON BLVD**
SAINT CLOUD FL 34771-8443

3 DOB **07/05/1971** 11 SEX **F**
4b EXP **08/15/2025** 16 HGT **5'-06"**
12 REST **NONE** 9a END **NONE**

SAFE DRIVER
4a ISS **12/14/2023**
500 **H812312140056**

✓ DONOR



Operation of a motor vehicle constitutes
consent to any sobriety test required by law.