

10/20/24, 6:22 PM

Division of Corporations

((H24000361046 3))

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000361046 3)))



H240003610463ABC-

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC  
Account Number : I20130000079  
Phone : (305)804-1047  
Fax Number : (866)353-4403

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

5  
3-  
2023  
\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LOBO DE LEON GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**K. SALLY**

OCT 31 2024

## Electronic Filing Menu

## Corporate Filing Menu

Help



(((H24000361046 3)))

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>
AMBR	JOSE E LOBO	2723 HOLLYWOOD BLVD	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
OCT 30 PM 4:17  
TALLAHASSEE, FL 32301  
RECORDS SECTION

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)* (((H24000361046 3)))

FILED  
2024 OCT 30 PM 4:17  
SECTION 100.01  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/29/2024 (optional)  
(If an effective date is listed, the date must be specific.)

**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.

(b) The 90th day after the record is filed.

Dated OCTOBER 29 2024

Signature of a member or authorized representative of a member

JOSE E LOBO

Typed or printed name of signee