

M24 000001984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

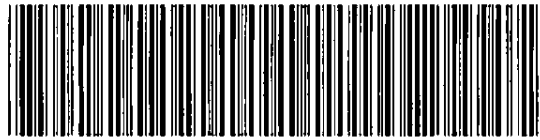
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100425696491

03/15/24--01016--023 **25.00

FILED
2024 MAY -8 AM 9:10
CLERK OF STATE
TALLAHASSEE, FL

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2024

JOSE VISMAY FONTEBOA VIVES
18120 NW 42ND PL
MIAMI GARDENS, FL 33055

SUBJECT: FONTEBOA CARPENTRY, LLC
Ref. Number: M24000001984

We have received your document for FONTEBOA CARPENTRY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 624A00006758

2024 MAY -8 AM 9:10

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: ~~25.00~~ fee paid

Authorization Signature: _____

Fonteboa Carpentry LLC M24000001984

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy of Articles of Organization

___ Certificate of Status

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2024 MAY -8 AM 9:10
TALLAHASSEE, FL

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ LLC

___ **CORP**

AMMENDMENTS

_ X _ Amendment

___ Resignation of. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

_ X _ Foreign Filing

___ Limited Partnership

___ Reinstatement

___ Trademark

___ Statement of Authority

EXAMINER'S INITIALS: _____

RECEIVED
2024 MAY -8 AM 10:47
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fonteboa Carpentry LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Viernay Fonteboa Vives
Name of Person

Fonteboa Carpentry LLC
Firm/Company

18963 NE 4th Ct
Address

Miami, FL 33179
City/State and Zip Code

Fonteboacarpentry@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose V Fonteboa at (205) (600) - 9429
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

2024 MAY - 8 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Fontebon Carpentry LLC

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

18963 NE 4th Ct
Miami, FL 33179

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

18963 NE 4th Ct
Miami, FL 33179

2. The Florida document number of this limited liability company is: M24000001984

3. Jurisdiction of its organization: Miami Spade

4. Date authorized to do business in Florida: 1/30/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

2024 MAY -8 AM 9:10

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STATE
TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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☐ Add☐ Remove☐ Add☐ Remove

ADD

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☐ Remove☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Jose V Fontleboa Vives

Typed or printed name of signee

Filing Fee: \$25.00

100

2024 MAY -8 AM 9:11

STILL AHEAD SEE, FID