

L0806 00 55276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

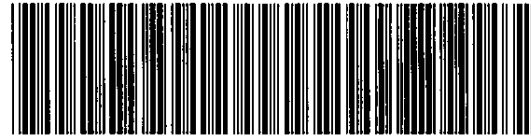
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 12 PM 2:02

T. HAMPTON

OCT 13 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUCKY PATH, 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:

MICHAEL MELENDEZ
Name of Person
MELENDEZ VEGA, LLC
Firm/Company
10511 N KENDALL DR SUITE C- 203
Address
MIAMI, FL 33176
City/State and Zip Code
MICHAEL@MELENDEZVEGA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL MELENDEZ at (**305**) **271-5841**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARTHA SANCHEZ	13876 SW 56 ST. #275 MIAMI FL 33175	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARTHA DUARTE	13876 SW 56 ST. #275 MIAMI FL 33175	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated OCTOBER 6, 2010

Martha Duarte

Signature of a member or authorized representative of a member

MARTHA DUARTE

Typed or printed name of signee

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