L050006 72757

(Re	equestor's Name)	
(Ad	dress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	е)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	·	
i.		
ž.	Office Use Only	,



500266910925

12/01/14--01024--014 **25.00

14 DEC - I AM IO: 52
SECRETARY OF STATE
SECRETARY OF STATE

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BEATRIZ LORET DE MOL	7775 S.W. 87 AVENUE	Add
		#120-C	■ Remove
		MIAMI, FL 33173	
			Add
			□ Remove
		-	
		****	☐ Remove
			Add ACE
			A Remove
		····	SECOND IN THE SE
			OF SILATE SERVICE
			Add
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary., N/A
_	
-	
_	
_	
	ive date, if other than the date of filing: cetive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	11/18/2014
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	OSCAR LORET DE MOLA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 DEC - 1 AM IO: 52
SECRETARY OF STATE
TALL AND SEFF FLORID