

L12000030013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

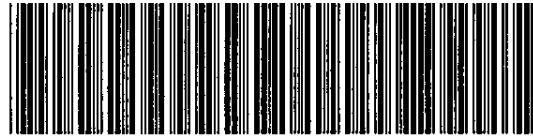
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR -4 AM 8:45

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J. SAULSBERRY
EXAMINER

APR 5 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASSY MADRID VALET, 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:

DIANA JELEN

Name of Person

JELEN ACCOUNTING SERVICES, INC.

Firm/Company

8181 NW 36 STREET, SUITE 13AB

Address

DORAL, FL. 33166

City/State and Zip Code

JELENACCOUNTINGSERVICES@GMAIL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DIANA JELEN

Name of Person

at (305)

591-9180

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

CLASSY MADRID VALET LLC

(A Florida Limited Liability Company)

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

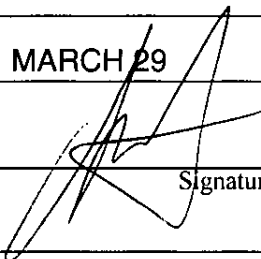
MGRM = Managing Member

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

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2012 APR -4 AM 8:45
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Dated MARCH 29, 2012



 Signature of a member or authorized representative of a member
 ABEL VELASQUEZ

 Typed or printed name of signee