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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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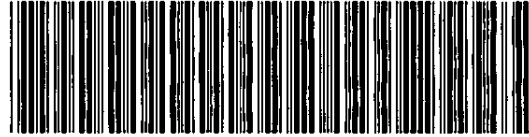
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSTITUTO BOCAS DEL MONTE 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:

MARIA INES MENDEZ

Name of Person

Firm/Company

7950 NW 53 ST SUITE 337

Address

DORAL, FLORIDA 33166

City/State and Zip Code

mines77@hotmail.com

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

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For further information concerning this matter, please call:

ARIADNA OJEDA

Name of Person

at **(305) 971 5232**

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

INSTITUTO BOCAS DEL MONTE LLC

Page 1 of 3

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/15/2014

x Maria T. Hendley P

Signature of a member or authorized representative of a member

Maria T. Hendley

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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