

L130000076880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

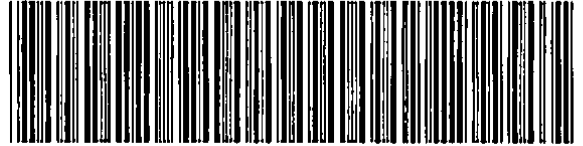
(Business Entity Name)

(Document Number)

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21 NOV 12 PM 3:16

T. MATTHEWS

NOV 23 2021

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BATICAWE, 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:

SUSANA STEFANO  
Name of Person  
BATICAWE, LLC  
Firm/Company  
151 CRANDON BLVD - APT 735  
Address  
KEY BISCAYNE, FL 33149  
City/State and Zip Code  
lrodriguez-moral@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena Rodriguez Moral 786 942-3022  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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| <u>Title</u> | <u>Name</u>              | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|--------------------------|----------------------------|--|
| MGRM         | ANSONIA SERVICES LIMITED | 151 Crandon Blvd - Apt 735 | <input type="checkbox"/> Add               |
|              |                          | Key Biscayne, FL 33149     | <input checked="" type="checkbox"/> Remove |
|              |                          |                            | <input type="checkbox"/> Change            |
| MGRM         | SUSANA BEATRIZ STEFANO   | 151 Crandon Blvd - Apt 735 | <input checked="" type="checkbox"/> Add    |
|              |                          | Key Biscayne, FL 33149     | <input type="checkbox"/> Remove            |
|              |                          |                            | <input type="checkbox"/> Change            |
| MGRM         | MARIA FLORENCIA SMITH    | 151 Crandon Blvd - Apt 735 | <input checked="" type="checkbox"/> Add    |
|              |                          | Key Biscayne, FL 33149     | <input type="checkbox"/> Remove            |
|              |                          |                            | <input type="checkbox"/> Change            |
| MGRM         | CAMILA SMITH             | 151 Crandon Blvd - Apt 735 | <input checked="" type="checkbox"/> Add    |
|              |                          | Key Biscayne, FL 33149     | <input type="checkbox"/> Remove            |
|              |                          |                            | <input type="checkbox"/> Change            |
|              |                          |                            | <input type="checkbox"/> Add               |
|              |                          |                            | <input type="checkbox"/> Remove            |
|              |                          |                            | <input type="checkbox"/> Change            |
|              |                          |                            | <input type="checkbox"/> Add               |
|              |                          |                            | <input type="checkbox"/> Remove            |
|              |                          |                            | <input type="checkbox"/> Change            |

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

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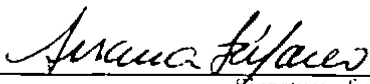
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 9, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Susana Stefano

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00