

L14 000043025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 02 2019 11:12:00

2019 NOV 02 11:12:00

Amend/Name
chg

NOV 02 2019
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEFORM STUDIO 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:

JUAN MERCADAL

Name of Person

OBS

Firm/Company

1444 BISCAYNE BLVD STE 212

Address

MIAMI, FL 33132

City/State and Zip Code

contact@orange-miami.com

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

For further information concerning this matter, please call:

JUAN MERCADAL

305 4179919

at (_____) _____

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROCA, GUILLERMO	3500 CORAL WAY #808	<input type="checkbox"/> Add
		MIAMI, FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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