

May. 1. 2015 5:42PM

Division of Corporations

No. 2811 P. 1

U400013065

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF ALEXIS GONZALEZ, P.A.  
Account Number : I20140000097  
Phone : (305)223-9999  
Fax Number : (305)223-1880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: alexis@aglawpa.com

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15 MAY -4 AM 9:59  
TALLAHASSEE, FLORIDA  
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FRAY, LLC

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S. YOUNG

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Corporate Filing Menu

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May. 1. 2015 5:42PM

No. 2811 P. 2

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRAY, 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:

JENNIFER A. COYA, ESQ. / ALEXIS GONZALEZ, ESQ.

\_\_\_\_\_  
Name of Person

LAW OFFICE OF ALEXIS GONZALEZ, P.A.

\_\_\_\_\_  
Firm/Company

3162 COMMODORE PLAZA, SUITE 3E

\_\_\_\_\_  
Address

COCONUT GROVE, FLORIDA 33133

\_\_\_\_\_  
City/State and Zip Code

JCOYA@AGLAWPA.COM / ALEXIS@AGLAWPA.COM

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

For further information concerning this matter, please call:

JENNIFER A. COYA / ALEXIS GONZALEZ

305 223-9999  
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

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TALLAHASSEE, FLORIDA



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	RAMON D. ALMANAZAR	c/o TEAM OTERO	<input type="checkbox"/> Add
		550 BILTMORE WAY, PH 2-A&B	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	FARY ALMANAZAR	c/o TEAM OTERO	<input type="checkbox"/> Add
		550 BILTMORE WAY, PH 2-A&B	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	RAMON D. ALMANAZAR	c/o TEAM OTERO	<input type="checkbox"/> Add
		550 BILTMORE WAY, PH 2-A&B	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	FARY ALMANAZAR	c/o TEAM OTERO	<input type="checkbox"/> Add
		550 BILTMORE WAY, PH 2-A&B	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<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

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(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, 20\_\_\_\_

Ramon Almanzar

ddpdp verified  
04/20/15 3:03PM EDT  
1M0N-RQLD-7C2G-NLGG

Signature of a member or authorized representative of a member

Ramon D. Almanzar

Typed or printed name of signee