

L14000190424

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000160933 3)))



H15000160933ABC

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

From: Account Name : BARBOSA LEGAL  
Account Number : T20110000049  
Phone : (305) 501-4680  
Fax Number : (305) 359-9543

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

Email Address: BBARBOSA@BARBOSALEGAL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AML ESTATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

H150001609333

H150001609333

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AML ESTATE, 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:

**Bruna Barbosa**

Name of Person

**Barbosa Legal**

Firm/Company

**407 Lincoln Road PH-NE**

Address

**Miami Beach, FL 33139**

City/State and Zip Code

**bbarbosa@barbosalegal.com**

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

For further information concerning this matter, please call:

**Bruna Barbosa**

Name of Person

at **(305) 501-4680**

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
		n/a	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

n/a

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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 June 29th, 2015

/s/ Bruna Barbosa

Signature of a member or authorized representative of a member

**Bruna Barbosa, Authorized Representative**

Typed or printed name of signee

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Filing Fee: \$25.00

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