

46000220457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

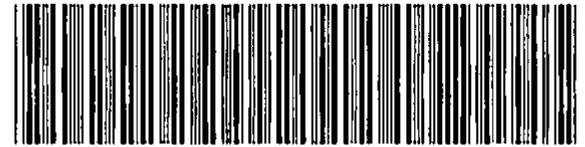
(Business Entity Name)

(Document Number)

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08/15/19--

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 15 PM 2:30

Amend

AUG 22 2019

D CUSHING

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PD Tower 1005, LLC  
\_\_\_\_\_

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arturo Altamirano

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

PD Tower 1005, LLC

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

18555 Collins Avenue, Unit 1005

\_\_\_\_\_  
Address

Sunny Isles Beach, FL 33160

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

arturoaltamirano@hotmail.com

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

For further information concerning this matter, please call:

Arturo Altamirano

305 607-7456

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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
19 AUG 15 PM 2:30



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	Arturo Andres Altamirano	17885 Collins Avenue, Apt# 3302 Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

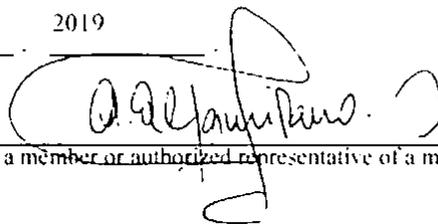
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 June 24, 2019



Signature of a member or authorized representative of a member

Arturo Altamirano

Typed or printed name of signer