

L17000089411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

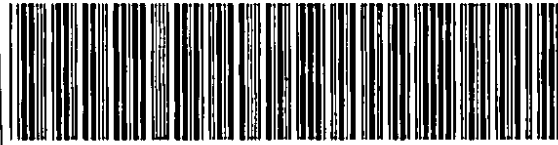
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUL 31 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALFONSEVA, 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:

MARCELA GIL

Name of Person

MANUEL DINER P.A.

Firm/Company

17110 ROYAL PALM BLVD SUITE 3

Address

WESTON, FL 33326

City/State and Zip Code

MDINER@DINERLAW.COM

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

For further information concerning this matter, please call:

MARCELA GIL

305

825-8151

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>
AR	MANUEL DINER	17110 ROYAL PALM BLVD SUITE WESTON, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALFONSO NOTARFRANCESCO	17110 ROYAL PALM BLVD SUITE WESTON, FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADRIANA TORREALBA	17110 ROYAL PALM BLVD SUITE WESTON, FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 JUL 25 PM 3:19
SECRETARY OF STATISTICS
TALLAHASSEE, FLORIDA

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[illegible]

FILED
2017 JUL 25 PM 3:20
CLERK OF DISTRICT COURT
ST. LOUIS, MO.

(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)

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 July 18th, 2017

Manuel Quin

Signature of a member or authorized representative of a member

Manuel Diner

Typed or printed name of signee