

L18000243626

(Requestor's Name)

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(City/State/Zip/Phone #)

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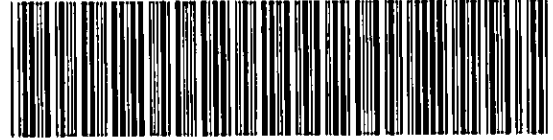
(Business Entity Name)

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STATE OF OHIO  
DEPARTMENT OF REVENUE  
COLUMBUS, OHIO 43260-1100

2020 OCT 26 AM 7:20

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DEC 04 2020

S. YOUNG

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OBANDO BUSSINESS GROUP, 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:

WILLIAM A. OBANDO  
Name of Person

OBANDO BUSSINESS GROUP, LLC  
Firm/Company

1280 WEST 46TH STREET APT. 404  
Address

HIALEAH, FL 33012  
City/State and Zip Code

willyobando@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM A. OBANDO at ( 786 ) 659-5742  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303





