

L19 000 182462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

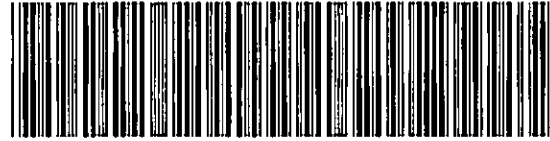
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900372681679

09/03/21--01009--028 **25.00

2021 SEP -3 AM 7:46
TALLAHASSEE, FL

FILED

BY BRUCE
SEP 15 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

1265 DJI LLC

SUBJECT: _____
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:

EVERARDO E MATAMOROS

Name of Person

1265 DJI LLC

Firm/Company

5805 BLUE LAGOON DR SUITE 175

Address

MIAMI, FLORIDA 33126

City/State and Zip Code

cematamoros@gmail.com

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

For further information concerning this matter, please call:

EVERARDO E MATAMOROS

786 631 2228

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 Address:

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

FILED
2021 SEP -3 AM 7:46
TALLAHASSEE, FL

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>
PRESIDENT	COSIDECO CORP	CALLE 58 ESTE, OBARIO EDIFICIO	<input type="checkbox"/> Add
		CENTRO COMERCIAL PANAMA OFICINA 5,	<input checked="" type="checkbox"/> Remove
		PANAMA, REPUBLICA DE PANAMA	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2007 SEP 18 AM 11:47
 WILLIAMSON

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

Multiple horizontal lines for amending information.

FILED
2021 SEP -3 AM 7:47
TALLAHASSEE, FL

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

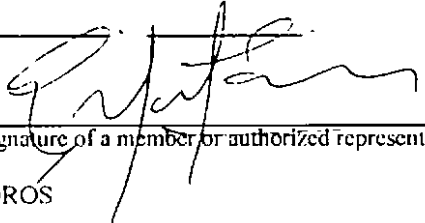
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

AUGUST, 17 2021

Dated _____



Signature of a member or authorized representative of a member

EVERARDO E MATAMOROS

Typed or printed name of signee