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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUFFY PIKANTE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

WANDER RAMOS
Name of Person
MUFFY PIKANTE, LLC
Firm Company
7601 E. TREASURE DR., 2409
Address
MIAMI BEACH, FL 33141
City, State and Zip Code
Unknownstarllc@gmail.com
E-mail address (to be used for future annual report notification)

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For further information concerning this matter, please call.

WANDER RAMOS
Name of Person
756 208-6464
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

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	Unknown Star Security, Inc	7951 NE Bayshore Ct	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WANDER RAMOS	7951 NE Bayshore Ct	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 Add--
 Remove
 Change
 Add

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: December 24, 2021 (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 DECEMBER 24 2021

[Signature]
Signature of a member or authorized representative of a member

WANDER RAMOS
Typed or printed name of signee

Filing Fee: \$25.00