

120 000392700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

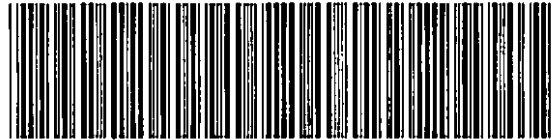
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN 25 AM 6:45

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01/25/21--01019--025 **25.00

○ SIMMONS

FEB 25 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I-Maple Holdings 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:

CRISTIANE VANESSA Costa Neto

Name of Person

I-Maple Holdings LLC

Firm/Company

101 NE 3RD AVE, FORT LAUDERDALE, 33301, FL
STE 1500

Address

City/State and Zip Code

CRISTIANEVEN1@GMAIL.COM

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

For further information concerning this matter, please call:

CRISTIANE, Neto

Name of Person

at (786)

Area Code

8780465

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

ON

2021 JAN 25 AM 6:45

(A Florida Limited Liability Company)

01/01/2021

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

101 NE 3rd Ave Suite 1500

Fortlauderdale Florida 33301

Enter Florida street address

Florida

Civ

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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	CRISTIANE VANESSA COSTA, Neto	101 NE 3RD AVE, STE 1500 FORT LAUDERDALE, 33301, FL	☒ Add ☐ Remove
			☐ Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 JAN 25 AM 6:45

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

01/14 2021

Signature of a member or authorized representative of a member

CRISTIANE VANESSA COSTA NETO

Typed or printed name of signee