

h22000082373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

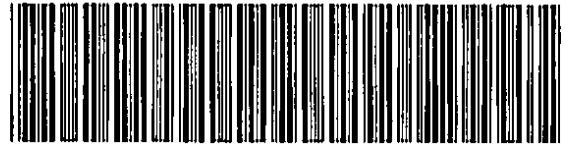
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300386425493

05/02/22--01:050--021 **25.00

FILED
2022 MAY -2 AM 8:57
TOLSON, D. E. FL

cf 12/12/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EUROPISCINAS 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:

Tomislav Caleta

Name of Person

EUROPISCINAS LLC

Firm/Company

117 SW 10th Street, Apt 2106

Address

Miami, FL 33130

City/State and Zip Code

kapalmi@gmail.com

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

For further information concerning this matter, please call:

Alberto Vethencourth

954 348-4047
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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILE NO. 100-45747

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	CALETA, NEDA E	CALLE RAMON I. MENDEZ QTA ANITA	☐ Add
		STA MONICA, CARACAS, DF 1040 VE	☒ Remove
			☐ Change
MGR	INMACOLATO, DIEGO A	CALLE RAMON I. MENDEZ QTA ANITA	☐ Add
		STA MONICA, CARACAS, DF 1040 VE	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(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.

	
Signature of a member or authorized representative of a member	
Tomislav Caleta	
Typed or printed name of signee	

Filing Fee: \$25.00