

L99000003696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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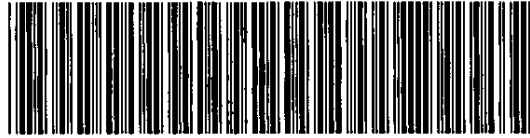
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY -3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTecARLO HATS 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:

Samir Cury
Name of Person
BULLHIDE & MONTecARLO HATS LLC
Firm/Company
20861 Johnson St. Ste #112
Address
Pembroke Pines, FL 33029
City/State and Zip Code
ap@montecarlohats.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennia Ortega at (954) 670-0216
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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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>
Pres.	Samir Cury	20861 Johnson St.	<input type="checkbox"/> Add
		Ste # 112	<input type="checkbox"/> Remove
		Pembroke Pines, FL 33029	<input type="checkbox"/> Change
V.P.	Jorge Cury	20861 Johnson St.	<input type="checkbox"/> Add
		Ste # 112	<input type="checkbox"/> Remove
		Pembroke Pines, FL 33029	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 05-01-2016 (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 April 25TH, 2016

Signature of a member or authorized representative of a member

Samir Curc

Typed or printed name of signee