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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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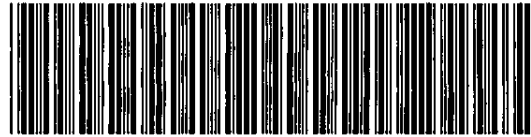
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1850 SOUTH OCEAN, 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:

CLARA LOPEZ

Name of Person

1850 SOUTH OCEAN, LLC

Firm/Company

1850 SOUTH OCEAN, TOWER 1, APT. 3107

Address

HALLANDALE BEACH, FL. 33009

City/State and Zip Code

cjlm232@gmail.com

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

For further information concerning this matter, please call:

CLARA LOPEZ

954 6403549
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/COURIER ADDRESS:

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

1850 SOUTH OCEAN, LLC.

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LOPEZ, FERNANDO	1850 SOUTH OCEAN,	<input checked="" type="checkbox"/> Add
		TOWER 1, APT. 3107	<input type="checkbox"/> Remove
		HALLANDALE BEACH, FL. 33009	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ADD
REMOVE
D

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 31, 2014

Clara Lopez Moreno
Signature of a member or authorized representative of a member
Clara Lopez
Typed or printed name of signee

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