

614 0000 16777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

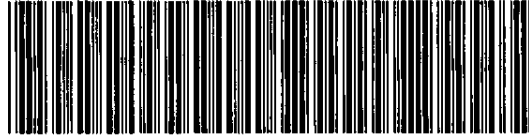
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECORDS SECTION

APR 15 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CI MERLO 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:

**Alfredo Cabral**

\_\_\_\_\_  
Name of Person

**Cabral Accountants & Associates**

\_\_\_\_\_  
Firm/Company

**250 NE 25th Street, STE 1709**

\_\_\_\_\_  
Address

**Miami, Florida 33137**

\_\_\_\_\_  
City/State and Zip Code

**ac.cpa@live.com**

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

For further information concerning this matter, please call:

**Alfredo Cabral**

**305 926-5724**

\_\_\_\_\_  
Name of Person

at ( )  
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

CI MERLO LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Ruben M. Merlo Jaramillo	250 NE 25TH STREET, # 1709	<input type="checkbox"/> Add
		Miami, Florida 33137	<input checked="" type="checkbox"/> Remove
MGR	Ana M. Merlo Chiriboga	250 NE 25TH STREET, # 1709	<input checked="" type="checkbox"/> Add
		Miami, Florida 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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MIAMI, FLORIDA

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

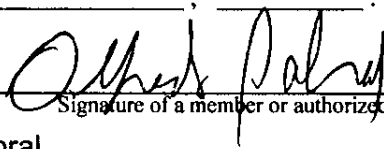
N/A

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 March 20

2015



Signature of a member or authorized representative of a member

Alfredo E. Cabral

Typed or printed name of signee

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Filing Fee: \$25.00

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