

LI4 0000 38078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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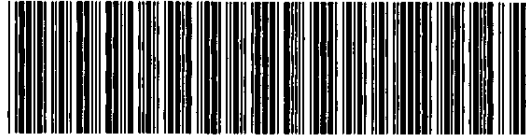
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers MAY 01 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAYO INVESTMENTS 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:

MARIA BAYO

Name of Person

BAYO INVESTMENTS LLC

Firm/Company

9737 NW 41st STREET SUITE 998

Address

DORAL FL 33178

City/State and Zip Code

maryrosibayo@hotmail.com

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

For further information concerning this matter, please call:

MARIA BAYO

Name of Person

at (954) 512 4434

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

AMBR = Authorized Member.

| | | | |
|------------|-----------------------|------------------------------|-----------------------------------------|
| <u>MGR</u> | <u>ROBERTO PRADAS</u> | <u>9737 NWY 41st ST #120</u> | <input checked="" type="checkbox"/> Add |
| | | <u>DORAL FL 33178</u> | <input type="checkbox"/> Remove |

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WILLIAM L. BROWN

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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 APRIL 20, 2015.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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15 APR 27 PM 12:55
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