

LC20000005418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

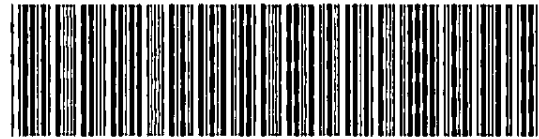
(Business Entity Name)

(Document Number)

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05/18/20--01023--008 \*\*25.00

20 MAY 13 PM 3:50

JUN 10 2020  
C. MCNAR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESKOE, L.L.C.

\_\_\_\_\_  
Name of Limited Liability Company

20 MAY 18 PM 3:50

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALVARO CORREA

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

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

2201 N COMMERCE PKWY

\_\_\_\_\_  
Address

WESTON, FL 33326

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

NEWREALTY@HOTMAIL.COM

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

For further information concerning this matter, please call:

ALVARO CORREA

954

659-8901

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

20 MAY 18 PM 3:50

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

**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	ALVARO CORREA	2201 N COMMERCE PKWY	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA CORREA	2201 N COMMERCE PKWY	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	JOE A. CATARINEAU.. ESQ	91750 OVERSEAS HWY	<input type="checkbox"/> Add
		TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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

ALVARO CORREA

Typed or printed name of signee

**Filing Fee: \$25.00**