

L020000017766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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OF FLORIDA

J. SAULSBERRY
EXAMINER
SEP 12 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1385 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:

Jackeline Londono

Name of Person

1385 LLC

Firm/Company

1385 Coral Way PH 403

Address

Miami FL 33145

City/State and Zip Code

jlondono@mwus.us

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

For further information concerning this matter, please call:

Jackeline Londono

Name of Person

at (305) 2857373

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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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	Ricardo Londono	1385 Coral Way PH 403	<input type="checkbox"/> Add
		Miami FL 33145	<input checked="" type="checkbox"/> Remove
MGR	Jackeline Londono	1385 Coral Way PH 403	<input checked="" type="checkbox"/> Add
		Miami FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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STATE
TIDWING

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

Dated August 28, 2013

Signature of a member or authorized representative of a member

Jackeline Londono

Typed or printed name of signee

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Filing Fee: \$25.00

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