

L030000003499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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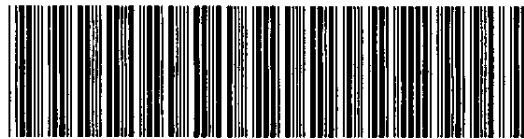
(Business Entity Name)

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AUG 20 2013

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ALCO DIVERSIFIED LC  
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:

CARLOS M. ACOSTA  
Name of Person

Firm/Company

P.O. BOX 653655  
Address

MIAMI, FL. 33265  
City/State and Zip Code

C.acosta5@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS M. ACOSTA at 305 469-7600  
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

## ALCO DIVERSIFIED LC

The Articles of Organization for this Limited Liability Company were filed on 11/2/2002 and assigned Florida document number L03000003499

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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>
MGRM	MARIA ACOSTA	P.O. BOX 653655	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33265	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

August 13, 2013

Signature of a member or authorized representative of a member

CARLOS M. ACOSMA

Typed or printed name of signee

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Filing Fee: \$25.00

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