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TALLAHASSEE FLORIDA

APR 10 2014  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONEXIONES CRISTIANAS, 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:

Ramon Reyes  
Name of Person  
Ramon Reyes P.A.  
Firm/Company  
5035 Palm Avenue  
Address  
Hiabach, FL 33012  
City/State and Zip Code  
denisomt@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Reyes at 305 827-0669  
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

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CONEXIONES CRISTIANAS, LLC

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U.S. DISTRICT COURT  
FALL RIVER DISTRICT  
Zip Code  
FD-103

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

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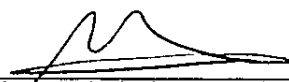
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 4<sup>th</sup>, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Natalia Qamba  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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