

L04000087446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

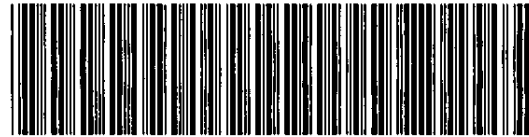
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2013 OCT 28 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outzen OCT 29 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES GONZALEZ, 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:

CONSUELO C. FERNANDEZ, ESQ.

Name of Person

LAW OFFICE OF CONSUELO C. FERNANDEZ

Firm/Company

9415 SUNSET DRIVE, #290

Address

MIAMI, FL 33173

City/State and Zip Code

CFERNANDEZ@CANDCTITLE.COM

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

For further information concerning this matter, please call:

CONSUELO FERNANDEZ at (305) 443-2088

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

FILED
OCT 28 PM 4:01
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
CORPUS CHRISTI

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

Page 1 of 3

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

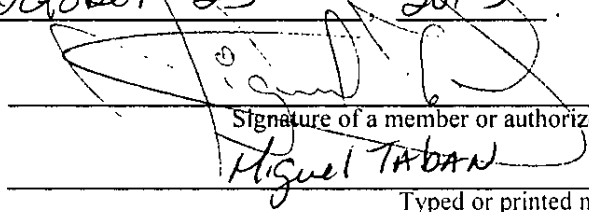
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MIGJAID JOCHESU TABAN	19544 SW 42 CT	☒ Add
		MIRAMAR, FL 33029	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated

October 23 2013



Signature of a member or authorized representative of a member

Miguel TABAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 OCT 28 PM 4:01
STATE OF FLORIDA
TALLAHASSEE