

LO500017551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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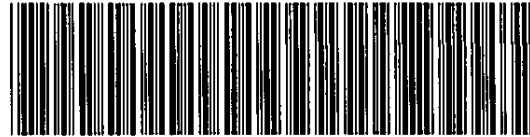
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FEB 13 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elizabeth Mariela Bartens-Santurri, 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:

Elizabeth M. Bartens

Name of Person

Elizabeth Mariela Bartens, LLC

Firm/Company

3191 Whirlaway Trail

Address

Tallahassee, FL 32309

City/State and Zip Code

mariela@marielasellshomes.com

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

For further information concerning this matter, please call:

Elizabeth M. Bartens

850 545-3920
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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Elizabeth Mariela Bartens-Santurri, LLC

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MGR = Manager
AMBR = Authorized Member

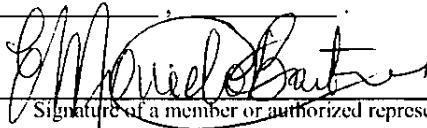
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 February 4 2015



Signature of a member or authorized representative of a member

Elizabeth M. Bartens

Typed or printed name of signee

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Filing Fee: \$25.00

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