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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

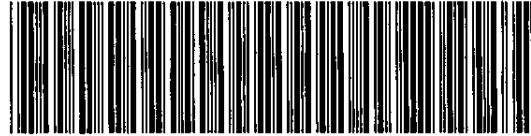
(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. Burch JAN 17 2014

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COVER LETTER

**TO: Registration Section
Division of Corporations**

Burruezo Law Firm, PLLC

SUBJECT: _____
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:

Bertha L. Burruezo, Esq.

Name of Person

Burruezo Law Firm, PLLC

Firm/Company

1420A Lake Baldwin Lane

Address

Orlando, Florida 32814

City/State and Zip Code

bertha@burruezolaw.com

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

For further information concerning this matter, please call:

Bertha L. Burruezo, Esq.

407 587-6552

at ()

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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carlos J. Burruezo	3738 Lower Park Road	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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January 1, 2014

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

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 6, 2014.



Signature of a member or authorized representative of a member

Bertha Burruazo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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