

LA9000009282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

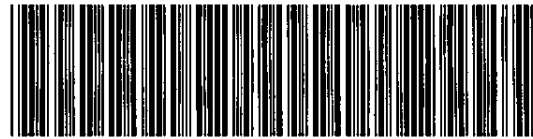
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/13/13--01004--016 **25.00

PAID BY USER: 11/01/13
12/13/13 11:11:43

B. BOSTICK
DEC 17 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILES AUTO SALES 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:

Rafael A. Mejias
Name of Person

Firm/Company

7436 NW 55TH STREET
Address

MIAMI, FL 33166
City/State and Zip Code

RAFAELANGELOMEJIAS@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
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
2018 DEC 19 AM 11:54
TALLAHASSEE, FL

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:

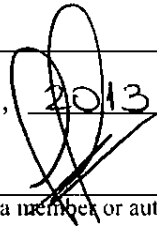
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RAFAEL A. MEJIAS	3325 NW 36 TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33142	<input checked="" type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

Dated DECEMBER 06, 2013



Signature of a member or authorized representative of a member

FRANCISCO FERNANDEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC 13 AM 11:43
FALLMINS STATE OFFICE