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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **NEW VEREDA ENTERPRISES, 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:

MIKE MENDEZ

Name of Person

Firm/Company

533 W. PENNSYLVANIA AVE

Address

DELAND, FL 32720

City/State and Zip Code

MMENZ8413@ATT.NET

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

For further information concerning this matter, please call:

MIKE MENDEZ

Name of Person

at **386** **216-3220**

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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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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	EDEL LOPEZ	490 KINGWAY DR DELONA, FL 32738	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	YUSEN RODRIGUEZ	2953 ESTILL ST DELTONA, FL 32738	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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