

109000019885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

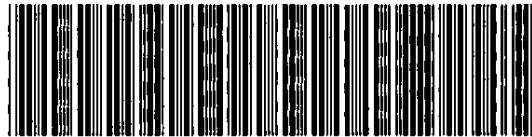
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600155950066

05/20/09--01013--005 **55.00

FILED
2009 MAY 20 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
MAY-21 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: From Nothing to Something, 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:

Angela N. Martinez
Name of Person

Angela N. Martinez, P.A.
Firm/Company

P.O. Box 451203
Address

miami FL 33245
City/State and Zip Code

angie.martinezlaw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela N. Martinez at (905) 812-8583
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
2009 MAY 20 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From Nothing To Something, LLC
(Name of the Limited Liability Company as it now appears on our records.)

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

Page 1 of 2

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	Armando Perez	P.O. Box 451203 Miami FL 33246	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 2009 MAY 20 AM 8:43
 CLERK OF THE COURT
 TALAHASSEE, FLORIDA

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

Dated

May 13, 2009

Signature of a member or authorized representative of a member

Angela N. Martinez - Authorized
 Typed or printed name of signee
 Signature