

LO9000053502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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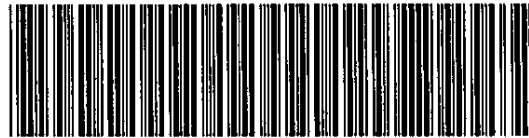
(Business Entity Name)

(Document Number)

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DIVISION 03-1, 03-2, 03-3

O SIMMONS

JAN 12 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOFEMANI 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:

Diego J. Sirulnik

Name of Person

Law Offices of Alex D. Sirulnik, P.A.

Firm/Company

2199 Ponce de Leon Blvd., Suite 301

Address

Coral Gables, Florida 33134

City/State and Zip Code

djs@sirulniklaw.com

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

For further information concerning this matter, please call:

Diego J. Sirulnik

305 443-7211
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

MOFEMANI LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Oscar Rodolfo Stefani	2380 SW 80 Ct	<input type="checkbox"/> Add
		Miami FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria Fernanda Martinez	2380 SW 80 Ct	<input type="checkbox"/> Add
		Miami, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	María Guadalupe Fernández	2199 Ponce de Leon Blvd.	<input checked="" type="checkbox"/> Add
		Suite 301	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF PUBLIC SAFETY

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 7, 2016

Signature of a member or authorized representative of a member

María Guadalupe Fernández, Manager

Typed or printed name of signee