

LD9000062508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

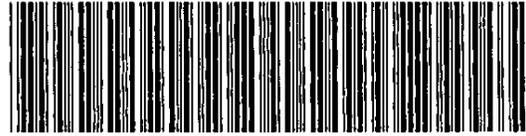
WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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09/03/13--01006--006 **25.00

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Amended

Office Use Only

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STATE

FILE

J. SAULSBERRY
EXAMINER
SEP 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COISEI GROUP, 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:

MARIA D. PARDO
Name of Person
COISEI GROUP, LLC.
Firm/Company
2096 SE 19TH ST
Address
HOMESTEAD, FL 33035
City/State and Zip Code
ALEX@BATISTA.TV
E-mail address: (to be used for future annual report notification)

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CORPORATION

For further information concerning this matter, please call:

MARIA D. PARDO at (305) 975-6854
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

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:

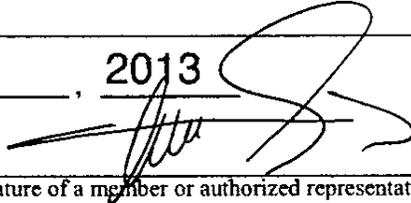
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	FERNANDO PARDO	2096 SE 19TH ST	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33035	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **AUGUST 28**, **2013**



Signature of a member or authorized representative of a member

MARIA D. PARDO

Typed or printed name of signee

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Filing Fee: \$25.00

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