

LO9000091835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

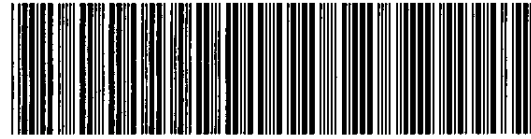
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300210069343

07/18/11--01005--016 \*\*25.00

FILED  
11 JUL 18 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUL 19 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LAS MERCEDES MANAGEMENT, 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:

**MARTA ISABEL PEREZ**  
Name of Person  
  
Firm/Company  
  
**3418 SW 23 TE**  
Address  
  
**MIAMI, FL 33145**  
City/State and Zip Code  
  
E-mail address: (to be used for future annual report notification)

FILED  
11 JUL 18 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**RIACARDO NEYRA** at ( **305** ) **905-9601**  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PEDRO J CAMEJO	4941 SW 74TH CT MIAMI, FL 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RICARDO A NEYRA	3418 SW 23 TE MIAMI, FL 33145	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11 JUL 18 AM 10:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated July 12, 2011.

Marta I Perez  
Signature of a member or authorized representative of a member  
Marta Isabel Perez  
Typed or printed name of signee