

L1000005216

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 23 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFFATATO I SERVICES 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:

RUBEN D. TORO

Name of Person

RUBEN TORO P.A.

Firm/Company

7901 KINGSPONTE PKWY STE. 31

Address

ORLANDO FL 32819

City/State and Zip Code

rubentorocpa@hotmail.com

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

For further information concerning this matter, please call:

Ruben D. Toro

407 370-6445
at ()

Name of Person

Area Code

Daytime Telephone Number

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

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>
MGRM	FRANCISCO AFFATATO	1202 LATTIMORE DR.	<input type="checkbox"/> Add
		CLERMONT FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANCISCO AFFATATO	1202 LATTIMORE DR.	<input checked="" type="checkbox"/> Add
		CLERMONT FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	OLGA MENDOZA DE AFFATAT	1202 LATTIMORE DR.	<input type="checkbox"/> Add
		CLERMONT FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OLGA MENDOZA DE AFFATAT	1202 LATTIMORE DR.	<input checked="" type="checkbox"/> Add
		CLERMONT FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 06/15, 2015

Typed or printed name of signee

15 JUL 22 AM 2:55
SECRETARY OF JAIL
ALLAN H. STEPHENSON
FLORIDA
(b) (3) (b)
will not be listed as the
on the earlier of: