

L10000062627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

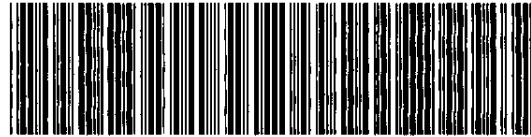
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200186743802

200186743802
10/28/10--01028--024 **25.00

FILED
2010 OCT 28 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 29 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Inversiones Mata, 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:

CARLOS GIL, ESQ.

Name of Person

CARLOS A. GIL, P.A.
3910 WEST FLAGLER STREET
MIAMI, FLORIDA 33134

City/State and Zip Code

CARLOS@CARLOSAGILPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS GIL

Name of Person

at (305) 443-2525

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

Inversiones MATA. LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 2

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Lizardo JHONATAN Mata</u>	<u>0553 NW 110 PL</u> <u>MIAMI, FL 33178</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated OCTOBER 27, 2010.



Signature of a member or authorized representative of a member

LIZARDO MATA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 28 AM 10:33

FILED