

L10000087328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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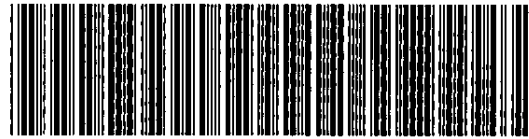
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 1 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADAMANTIUM ELEVEN, 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:

NATIANA MARANTE

Name of Person

ADAMANTIUM ELEVEN, LLC

Firm/Company

6020 NW 99 Ave. Ste 209

Address

MIAMI, FL 33178

City/State and Zip Code

rjap.1@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATIANA MARANTE at 786 999-964
Name of Person Area Code & Daytime Telephone Number

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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

ADAMANTION ELEVEN, LLC

The Articles of Organization for this Limited Liability Company were filed on 06/17/10 and assigned Florida document number L10000087328.

N/A Applicable

6020 NW 99 Ave.
Ste # 209
MIAMI FL 33178

6020 NW 99 Ave.
 Ste # 209
 Miami, FL 33178

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TALLAHASSEE, FLORIDA

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
MNG	CASTRO,	6020 NW 99 Ave Ste 209 MIAMI, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	WILLBURG		<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

change
New
Address
only

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

Dated August 23, 2010

Signature of a member or authorized representative of a member
RAFAEL GARCIA

Typed or printed name of signee

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