

L10000088797

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NOEL R. PUIG LLC
Account Number : I20080000103
Phone : (305) 267-0334
Fax Number : (305) 267-0793

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LCABRERA@NOELPUIG.COM

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DIVISION OF CORPORATION
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CABRERA ECHEVERRIA CONSULTING, ACCOUNTING &
SYSTEMS

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

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**SUBJECT: Cabrera Echeverria Consulting, Accounting & Systems 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:

LORENA M BRIEVA

Name of Person

Cabrera Echeverria Consulting, Accounting & Systems LLC

Firm/Company

6911 W 36TH AVENUE UNIT 103

Address

HIALEAH FL 33018

City/State and Zip Code

LCABRERA@NOELPUIG.COM

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

For further information concerning this matter, please call:

LORENA M BRIEVA

Name of Person

at (**305**)

267-0334

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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Fm:My e-Fax (786) 522-9073 - Noel R. Puig, LLC (18506176383)

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

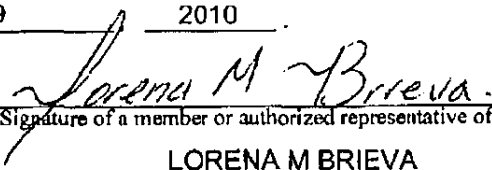
MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William De Jesus Cabrera Echeverria	CARRERA 69 N.84-40 VILLA DEL ESTE BARRANQUILLA ATLANTICO COLOMBIA	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated OCTOBER 29 2010


Signature of a member or authorized representative of a member

LORENA M BRIEVA

Typed or printed name of signee

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Filing Fee: \$25.00

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