

L11000026053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n. BRUCE
APR 03 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRUZONE 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:

CATERINA SCOTTO-LAVINA

Name of Person

BRUZONE LLC

Firm/Company

5681 PERSHING AVENUE

Address

ORLANDO, FL 32822

City/State and Zip Code

ariel.giglio@deluxerealty.us

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

For further information concerning this matter, please call:

CATERINA SCOTTO-LAVINA

954

328-6341

at ()

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

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TALLAHASSEE, FLORIDA

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BRUZONE LLC

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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> |
|--------------|----------------------------|------------------------|--|
| MGR | MAG FOOD & SERVICES LLC | 1990 KIMBERWICKE CIR | <input type="checkbox"/> Add |
| | | OVIEDO, FL 32765 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CATERINA SCOTTO-LAVINA | 2642 MAGUIRE ROAD | <input checked="" type="checkbox"/> Add |
| | | OCOEE, FL 34761-4752 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ELLISSE LLC a Delaware LLC | 5481 WILES RD STE 505 | <input checked="" type="checkbox"/> Add |
| | | COCONUT CREEK FL 33073 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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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 MARCH 6

2017

Signature of a member or authorized representative of a member

VANESA Maffione
Typed or printed name of signee