

L110000031815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUL 21 P 12:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 22 2015

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SHELL AEROSPACE SUPPLIES, LLC
SUBJECT: _____

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:

Luis Suarez

Name of Person

Firm/Company

7500 Nw 25th St unit 1A

Address

Miami Florida 33122

City/State and Zip Code

info@shellaerospace.com

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

For further information concerning this matter, please call:

Luis Suarez

786 4002660

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

2015 JUL
P 12:19
OFF STATE
FLORIDA
of New Registered Agent

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	LUIS SUAREZ	7500 NW 25TH ST UNIT 1A	<input type="checkbox"/> Add
		MIAMI FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	LUIS A SUAREZ M	7500 NW 25TH ST UNIT 1A	<input checked="" type="checkbox"/> Add
		MIAMI FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

THE STATE
OF TEXAS,
COUNTY OF DALLAS.