

L1000055132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

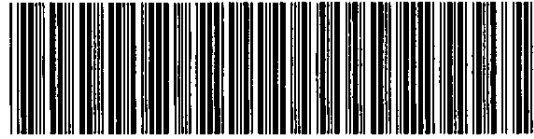
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 24 2012  
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12 JUL 20 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE GUINDA 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:

**FERNANDO CHAIN**  
Name of Person

**THE GUINDA LLC**  
Firm/Company

**210 SEAVIEW DR APT#509**  
Address

**KEY BISCAYNE, FL 33149**  
City/State and Zip Code

**fernandochain@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**FERNANDO CHAIN** 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



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:

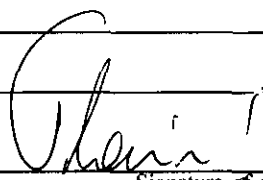
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHAIN, FERNANDO	2777 CLEARBROOK CIRCLE DELRAY BEACH, FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CHAIN, FERNANDO	210 SEAVIEW DR. APT 509 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MALUENDEZ, GUILLERMO E	210 SEAVIEW DR. APT 509 KEY BISCAYNE, FL 33149	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

FERNANDO CHAIN

Typed or printed name of signee

FILED  
 12 JUL 20 AM 8:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA