

L11000 06/1772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

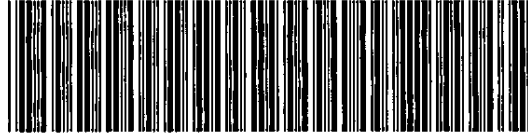
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900277208969

09/22/15--01021--008 **25.00

FILED

2015 SEP 22 A 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2015

J. BRUC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GARAGEWATCHES, 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:

NAYARIT BRICENO

Name of Person

BW&T BUSINESS ADVISERS, INC

Firm/Company

3600 RED ROAD SUITE 301

Address

MIRAMAR, FL. 33025

City/State and Zip Code

ADMIN@ACCOUNTINGBWTBA.COM

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

For further information concerning this matter, please call:

NAYARIT BRICENO

954 443-1594
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 22 A 11:48

FILED

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	BATSHEBA KORINE	5090 SW 80 ST	☐ Add
		MIAMI, FL. 33143	☒ Remove
			☐ Change
MGR	SARA GONZALEZ	2450 NE 135 ST	☒ Add
		NORTH MIAMI, FL. 33181	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
 2015 SEP 22 A 11:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

N/A

FILED
2015 SEP 22 A 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 09/09/15

(*)

Signature of a member or authorized representative of a member

BRUNO BLOCH

Typed or printed name of signee