

L11000076315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

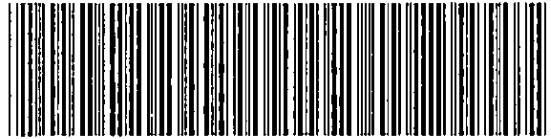
(Business Entity Name)

(Document Number)

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OCT 17 2019

M. SOLOMON

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

NW WAREHOUSE, LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8418 FOR: \$400.00 (\$25.00 for this filing)

THANK YOU!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NW WAREHOUSE, 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:

CARLOS GARCIA

Name of Person

CARLOS GARCIA P.A.

Firm/Company

500 SOUTH DIXIE HIGHWAY SUITE 202

Address

CORAL GABLES, FL 33146

City/State and Zip Code

CARLOS@CGPALAW.COM

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

For further information concerning this matter, please call:

CARLOS GARCIA

305 7792479
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 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	LUIS IREGUI	500 S. Dixie Highway Suite 202 Coral Gables, FL 33146	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OSCAR BJARNER ICAZA	Urbanización Mocoli Golf Club, Edificio Golf 102A . Apt 301. Samborondon, Ecuador.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IVAN GAROFALO	Urbanización Laguna del Sol, Mz. J, Villa 17, Km 8 Via Puntilla -Samborondon, Ecuador	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERNESTO A. ESTRADA	Plaza Lagos Town Center, Edificio Exedra, Piso 2, Km. 6.8 Via Puntilla- Samborondon	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2019 OCT 15 AM 11:23

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 October 15, 2019

Authorized representative

Typed or printed name of signee