

LI 000080992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

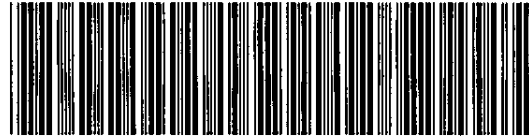
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
211 ANASTASIOU

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **RUBEMON 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:

**GINA ALVAREZ**

Name of Person

Firm/Company

**14501 SW 88 ST APT H105**

Address

**MIAMI, FL, 33186**

City/State and Zip Code

**gptalvarez@gmail.com**

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

For further information concerning this matter, please call:

**GINA ALVAREZ**

Name of Person

**786 9857781**

at ( )

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, FL



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>                      |
|--------------|-----------------|-------------------------|--|
| MGR          | RUBY MONTOYA    | 14501 SW 88 ST APT H105 | <input type="checkbox"/> Add               |
|              |                 | MIAMI, FL, 33186        | <input checked="" type="checkbox"/> Remove |
| MGR          | ADRIANA ALVAREZ | 14501 SW 88 ST APT H105 | <input type="checkbox"/> Add               |
|              |                 | MIAMI, FL, 33186        | <input checked="" 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            |

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CLARK COUNTY FLORIDA  
COUNTY CLERK

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

N/A

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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