

L11000103217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

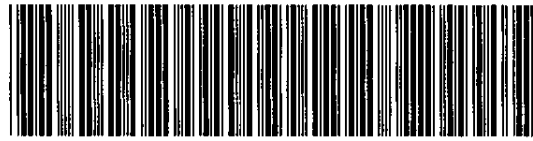
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: APOSTILLAR 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:

**OSVALDO ROMERO**

Name of Person

**APOSTILLAR LLC**

Firm/Company

**211 SAN GABRIEL ST.**

Address

**WINTER SPRINGS FL 32708 US**

City/State and Zip Code

**MG@APOSTILLAR.COM**

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

For further information concerning this matter, please call:

**OSVALDO ROMERO**

Name of Person

at ( 407 )

**416-8784**

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>
<u>MGRM</u>	<u>SANDRA P. CHISCO</u>	<u>211 SAN GABRIEL ST.</u> <u>WINTER SPRINGS FL 32708 US</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated - August 15, 2012.

+ Osvaldo Romero  
Signature of a member or authorized representative of a member

+ Osvaldo Romero  
Typed or printed name of signee