

L11000105450

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(Address)

(City/State/Zip/Phone #)

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J. BRYAN

SEP 20 2011

EXAMINER

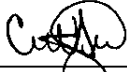
## COVER LETTER

TO: Registration Section  
Division of Corporations,

SUBJECT: MS & ASOCIADOS 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:

Carolina Velásquez  
Name of Person  
  
Firm/Company  
3005 Biscayne Blvd Suite 3203  
Address  
Miami, FL 33131  
City/State and Zip Code  
C.Velasquez13@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Carolina Velásquez at (786) 397-4108  
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

NS & ASOCIADOS LLC

(A Florida Limited Liability Company)

Page 1 of 2

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	Alejandro Aneus	300 S Biscayne Blvd Suite 3203 Miami, FL 33131	<input checked="" 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
			<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.)*

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\_\_\_\_\_

\_\_\_\_\_

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Dated \_\_\_\_\_

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TALLAHASSEE, FLORIDA

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Carolina Velasquez  
\_\_\_\_\_  
Typed or printed name of signee