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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 29 2020

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S. YOUNG

2020 JUN 29 AM 6:55

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: MITSER 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:

INES MILANE
Name of Person

MITSER LLC
Firm/Company

14316 SW 97TH TER
Address

MIAMI, FL. 33186
City/State and Zip Code

MITSER.LLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INES MILANE at (786) 2018783
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

172-2336

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.

U.S.A

U.S.A

_____, Florida _____
City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	INES MILANE	14316 SW 97th TER	<input type="checkbox"/> Ad
		MIAMI, FL. 33186.	<input type="checkbox"/> Re
		U.S.A	<input checked="" type="checkbox"/> Ch
MGR	MICHAEL IANNIELLO	14316 SW 97th TER	<input type="checkbox"/> Ad
		MIAMI, FL. 33186.	<input type="checkbox"/> Re
		U.S.A	<input checked="" type="checkbox"/> Ch
MGR	ANNA IANNIELLO	14316 SW 97th TER	<input type="checkbox"/> Ad
		MIAMI, FL. 33186.	<input type="checkbox"/> Re
		U.S.A	<input checked="" type="checkbox"/> Cha
MGR	SARA IANNIELLO	14316 SW 97th TER	<input checked="" type="checkbox"/> Ad
		MIAMI, FL. 33186.	<input type="checkbox"/> Ren
		U.S.A	<input type="checkbox"/> Cha
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha

[illegible]

(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 (b).

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 record is filed.

Dated _____,

INES MILANE

Typed or printed name of signee

Filing Fee: \$25.00