

L12000002811

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

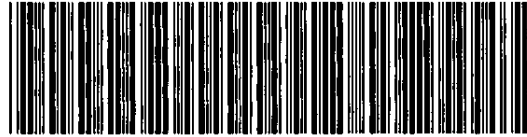
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

JUN -1 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLOHOR, 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:

DAVID CACEROS  
Name of Person  
ACEVEDO & ASSOCIATES LLP  
Firm/Company  
5201 BLUE LAGOON DR, PH  
Address  
MIAMI, FL 33126  
City/State and Zip Code  
DR.TAX@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

DAVID CACEROS at ( 305 ) 7164274  
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

FLOHOR, LLC

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>
MGRM	LILIAN A. CERVIERI	1818 SW 1ST AVE APT 1014 MIAMI, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HORACIO BALSEIRO	1818 SW 1ST AVE APT 1014 MIAMI, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FLORENCIA BALSEIRO	1818 SW 1ST AVE APT 1014 MIAMI, FL 33129	<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

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

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 31 AM 11:38

FILED

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

Signature of a member or authorized representative of a member

DAVID CACEROS

Typed or printed name of signee