

L12000016351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

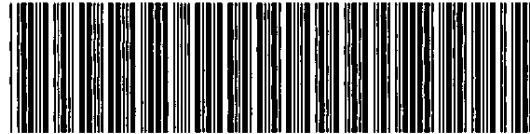
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200234655922

05/07/12--01045--014 **25.00

FILED
12 MAY -8 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 09 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIVALDINO, 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:

ALFRED F. ANDREU, ESQ.
Name of Person

MARY LOU RODON, P.A.
Firm/Company

2222 PONCE DE LEON BLVD., PENTHOUSE
Address

CORAL GABLES, FLORIDA 33134
City/State and Zip Code

AANDREU@SRALAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFRED F. ANDREU, ESQ. at (**305**) **445-8881**
Name of Person Area Code & Daytime Telephone Number

FILED
12 MAY -8 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

VIVALDINO, 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	Windward Consulting Corp	Calle 54 Este # 3A. Ciudad de Panamá República de Panamá	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Fundacion Oromasis	Ave. Samuel Lewis Torre ADR Piso 8, Oficina 8C Panama City, Panama	<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

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

FILED
 12 MAY - 8 AM 11:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated March 29th, 2012

Signature of a member or authorized representative of a member

Alejandro Luna

Typed or printed name of signee