

L12000020132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

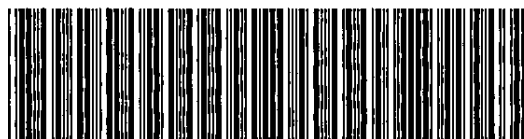
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YBOR CAPITAL 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:

Thomas S. Martino
Name of Person

Law Offices of Thomas Martino, P.A.
Firm/Company

2018 East 7th Avenue
Address

Tampa, FL 33605
City/State and Zip Code

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2014 APR 25 PM 3:02

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For further information concerning this matter, please call:

Thomas S. Martino at (813) 477-2645
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

YBOR CAPITAL LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Thomas S. Martino	2018 E. 7th Ave.	<input type="checkbox"/> Add
		Tampa, FL 33605	<input checked="" type="checkbox"/> Remove

MGR	Marcus Martino	2018 E. 7th Ave.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33605	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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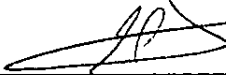
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TALLAHASSEE, FL 32301
CLERK OF CIRCUIT COURT

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4-22, 2014.



Signature of a member or authorized representative of a member

Thomas S. Martino, auth. rep of a member
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA