

L12000022210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Amend

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 11 2014

N. CAUSSEAU

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CEVALLOS LOPEZ REAL ESTATE HOLDING, 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:

SILVIA VILA

Name of Person

ELAN BUSINESS SERVICES CORP

Firm/Company

1116 CEDAR FALLS DR.

Address

WESTON, FL 33327

City/State and Zip Code

SVILA@ELANSERVICE.COM

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

For further information concerning this matter, please call:

SILVIA VILA

954

217-6080

at ( )

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
and assign

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

and assigne

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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>
MGR	CEVALLOS, CARLOS J	1960 N.COMMERCE PARKWAY	<input type="checkbox"/> Add
		STE 1 & 2	<input checked="" type="checkbox"/> Remove
		WESTON, FL 33326	
MGR	CEVALLOS, CARLOS J	5411 STIRLING ROAD	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33314	<input type="checkbox"/> Remove
MGR	LOPEZ, AMPARO Y	1960 N.COMMERCE PARKWAY	<input type="checkbox"/> Add
		STE 1 & 2	<input checked="" type="checkbox"/> Remove
		WESTON, FL 33326	
MGR	LOPEZ, AMPARO Y	5411 STIRLING ROAD	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

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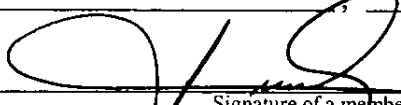
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 NOVEMBER 21ST, 2014



Signature of a member or authorized representative of a member

CARLOS J. CEVALLOS - MSR

Typed or printed name of signee

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Filing Fee: \$25.00

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