

L12000071354

(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



700247025197

04/26/13--01036--024 **25.00

FILED
2013 APR 26 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

APR 29 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legorburu Family, 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:

Eugenio Duarte

Name of Person

Eugenio Duarte, P.A.

Firm/Company

999 Ponce de Leon Blv., Suite 735

Address

Coral Gables, FL 33134

City/State and Zip Code

eduarte@eduardelaw.com

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

For further information concerning this matter, please call:

Eugenio Duarte

Name of Person

at (305) 444-1958

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

FILED
2013 APR 26 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Page 1 of 3

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	Sarah Legorburu	1416 CASTILE AVENUE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
MGRM	Sarah Legorburu Selem	1416 CASTILE AVENUE	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<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

FILED
2013 APR 26 PM 3:52
CLERK OF COURT
STATE OF FLORIDA

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

Dated April 16, 2013

Signature of a member or authorized representative of a member

Eugenio Duarte

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 APR 26 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA