

L/2000077092 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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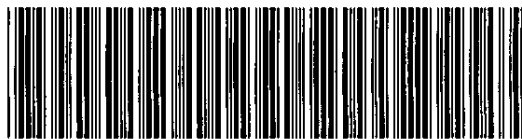
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TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 18 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIXTURA 160 CORAL GABLES, 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:

Nestor Rojas
Name of Person

MIXTURA 160 CORAL GABLES, LLC
Firm/Company

19075 WEST DIXIE HWY
Address

AVENTURA, FL 33180
City/State and Zip Code

nr@group3contractors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NESTOR ROJAS
Name of Person

at (786) 399-3232
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

TALLAHASSEE, FLORIDA

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MIXTURA160 CORAL GABLES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Nestor Rojas	19075 West Dixie Hwy Aventura, FL 33180	☐ Add ☒ Remove
MGR	Nestor Rojas	19075 West Dixie Hwy Aventura, FL 33180	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

12 JUN 15 PM 3:39
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-15-2015 BY 60322

Dated _____,

Signature of a member or authorized representative of a member

Typed or printed name of signee