

LI200007715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

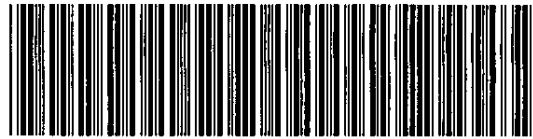
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400267232924

12/18/14--U1008--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 DEC 18 PM 5:06

FILED

DEC 23 2014
D. PRITCHETT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDINOT R8t 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:

Tania Nino Martinez
Name of Person
MEDINOT R8t LLC
Firm/Company
6281 NW 14th
Address
Sunrise Florida 33313
City/State and Zip Code
medinotr@hotmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

305 (848) 0942 at (954) 376 9485
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)

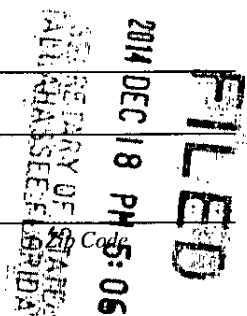
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2014 DEC 18 PM 5:06
TALLAHASSEE, FLORIDA
STATE TOLSON OF STATE

MEDINOT Rgt LLC

Page 1 of 3



MGR = Manager
AMBR = Authorized Member

_____ ☐ Add

_____ ☐ Remove

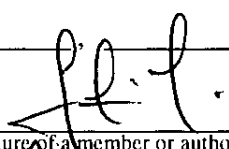
FILED
2014 DEC 18 PM 5:06
Add
Remove
CLERK OF DISTRICT COURT
ALLIANCE FLORIDA

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 12/15/14



Signature of a member or authorized representative of a member

Ponio J Nino

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 DEC 18 PM 5:06
CLERK OF STATE
TALLAHASSEE FLORIDA