

L12 000083851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

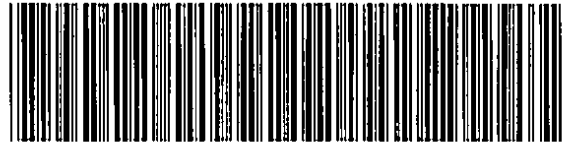
(Business Entity Name)

(Document Number)

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2020 OCT 14 PM 9:07

O SIMMONS

OCT 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FT ESTATES, 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:

Bernardo L. Gonzalez

Name of Person

FT ESTATES, LLC

Firm/Company

901 S Royal Poinciana Blvd.

Address

Miami Springs, Florida 33160

City/State and Zip Code

berlugo69@gmail.com

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

For further information concerning this matter, please call:

Bernardo L. Gonzalez

Name of Person

at (954)

Area Code

655 3169

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FT ESTATES, LLC

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	2020 AUG 14 AM 9:07	<u>Type of Action</u>
MGR	RODRIGO	1000 WILLIAM ISLAND		<input checked="" type="checkbox"/> Add
	FERNANDEZ	Aventura, Florida 33180		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 AUG 14 AM 9:07

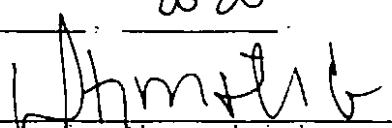
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST. 10 2020



Signature of a member or authorized representative of a member

Bernardo L. Amador, Manager.

Typed or printed name of signee