

AIZCCC130336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

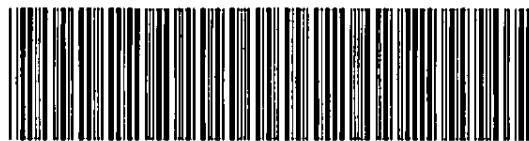
(Business Entity Name)

(Document Number)

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

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Office Use Only



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10/18/19--01015--015 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 OCT 18 AM 9:16

*Amend*

NOV 05 2019

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOUNTBACK ESTATES FLORIDA 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:

IDA C OVIES

Name of Person

IDA C OVIES CPA PA

Firm/Company

3785 NW 82 AVE STE 302

Address

City/State and Zip Code

DORAL FL 33166

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

For further information concerning this matter, please call:

IDA C OVIES 305 477-5798  
Name of Person at 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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 OCT 18 AM 9:16

19 OCT 18 AM 39:46  
RECEIVED  
STATE  
DEPT  
OPTIONALS

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

Page 1 of 3

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>	<u>Type of Action</u>
AMBR	MOUNTABACK ESTATES LIMITED SAC	LIMA CITY, LIMA PROVINCE	<input type="checkbox"/> Add
		DEPARTMENT OF LIMA	<input type="checkbox"/> Remove
		REPUBLIC OF PERU, PERU	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

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.

*[Handwritten signature]*

BORIS BOZOVICH BALARN

Typed or printed name of signee