

L13000006256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

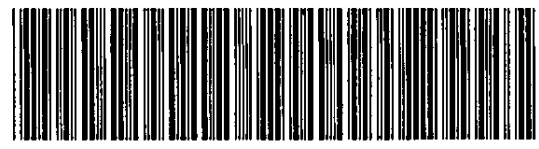
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

APR 8 2013
G. McLEOD



100246378691

04/05/13--01022--028 **25.00

FILED
13 APR -5 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MACHADO WHITMORE ENTERPRISES, 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:

DEIDRE WHITMORE

Name of Person

MACHADO WHITMORE ENTERPRISES, LLC

Firm/Company

4769 W. IRLO BRONSON MEMORIAL HWY SUITE B

Address

KISSIMMEE, FL 34746

City/State and Zip Code

DEE@THECLOSINGAVENUE.COM

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

For further information concerning this matter, please call:

DEIDRE WHITMORE

Name of Person

at **407 557-2130**

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

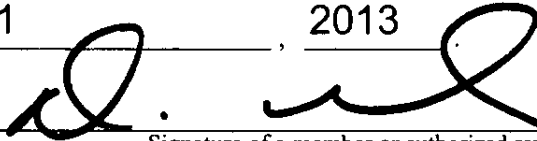
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANGEL JAVIER	4769 W. IRLO BRONSON MEMORIAL HWY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34746	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated APRIL 1, 2013



Signature of a member or authorized representative of a member

DEIDRE WHITMORE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00