

L170000 22456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

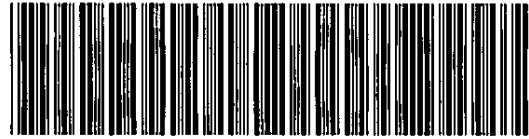
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affinity Innovation, 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:

Chris Curtis

Name of Person

Law Office of Leonardo Heidner, PC

Firm/Company

500 Fifth Ave. Suite 1610

Address

New York, NY 10110

City/State and Zip Code

chris@heidnerlaw.com

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

For further information concerning this matter, please call:

Chris Curtis

Name of Person

at (212) 302 9867

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

Affinity Innovation, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Perspective Associate Inc.	Trident Chambers	☒ Add
		Wickhams Cay, PO Box 146	☐ Remove
		Road Town, Tortola, British Virgin Islands	
AMBR	DE ANDRADE PINCIROLI, OLGA A	1586 GULF BLVD. UNIT 2302	☐ Add
		CLEARWATER, FL 33767	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☒ Remove
			☐ Add
			☒ Remove
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			☐ Remove

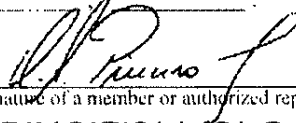
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 September 17 2014



Signature of a member or authorized representative of a member

DE ANDRADE PINCIROTI, OLGA A

Typed or printed name of signee

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Filing Fee: \$25.00

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