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(Requestor's Name)

(Address)

(Address)

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D

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fatimia, 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:

Isaac Benmergui

Name of Person

Law Offices of Isaac Benmergui, P.A.

Firm/Company

1150 Kane Concourse, Second Floor

Address

Bay Harbor Islands, Florida 33154

City/State and Zip Code

gaonlaw@gmail.com

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

For further information concerning this matter, please call:

Isaac

Name of Person

at (**305**) **397-8547**

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

FATIMIA, LLC

Page 1 of 3

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:

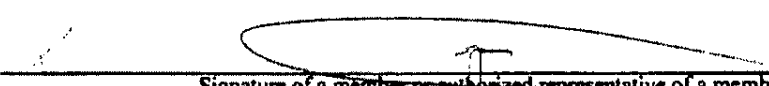
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mana De Fatima Menezes Da Silva Sevieri	c/o 1150 Kane Concourse	<input checked="" type="checkbox"/> Add
		Second Floor	<input type="checkbox"/> Remove
		Bay Harbor Islands, Fl. 33154	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

Jose Sevieri

Typed or printed name of signee

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Filing Fee: \$25.00

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