

L13000040514

(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



600263491386

08/25/14--01004--008 **25.00

FILED
2014 AUG 22 PM 4:09
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

AUG 26 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mas Casa 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:

Dennis Hawkins

Name of Person

Mas Casa LLC

Firm/Company

4724 Jacobs Ave

Address

Jacksonville, FL 32205

City/State and Zip Code

druhawks@gmail.com

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

For further information concerning this matter, please call:

Dennis Hawkins

Name of Person

at **904 400-5599**

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
2014 AUG 22 PM 4:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

Mas Casa LLC

Page 1 of 3

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	Nuñez Mabel Nuñez (Dr)	4724 Jacobs Ave Jacksonville, FL 32205	☒ Add ☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

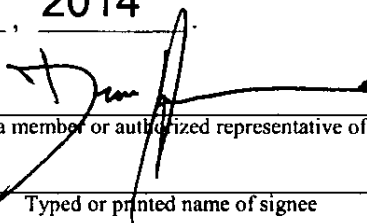
FILED
JUN 22 PM 4:09
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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 **August 21**, **2014**



Signature of a member or authorized representative of a member

Dennis Hawkins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 AUG 22 PM 4:09
CLERK OF STATE
TALLAHASSEE FLORIDA