

L13000054135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

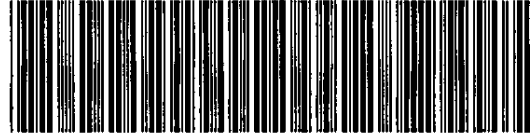
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXCOMINTER 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:

JORGE E. LETE

Name of Person

Firm/Company

2380 SW 80 CT

Address

MIAMI, FL 33155

City/State and Zip Code

margalete@hotmail.com

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

For further information concerning this matter, please call:

XIOMARA LEE

at (305)

262-2323

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

JORGE E LETE
2380 SW 80TH CT
MIAMI, FL 33155

SUBJECT: EXCOMINTER LLC
Ref. Number: L13000054935



COPY

2016 SEP -7 PM 5:07
TALLAHASSEE, FLORIDA

We have received your document for EXCOMINTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 216A00017568



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2016 SEP -7 PM 2:32
TALLAHASSEE, FLORIDA

SEP 7

EXCOMINTER LLC

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>
MGR	JORGE E. LETE	2380 SW 80 CT	☐ Add
		MIAMI, FL 33155	☒ Remove
			☐ Change
MGR	MARGARITA HERRAEZ	2380 SW 80 CT	☐ Add
		MIAMI, FL 33155	☒ Remove
			☐ Change
MGRM	JUNCALNORTH REVOC. TRUST	2380 SW 80 CT	☒ Add
		MIAMI, FL 33155	☐ Remove
			☐ Change
		N/A	☐ Add
			☐ Remove
			☐ Change
		N/A	☐ Add
			☐ Remove
			☐ Change
		N/A	☐ Add
			☐ Remove
			☐ Change

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August, 1st 2016

Signature of a member or authorized representative of a member

JORGE E. LETE

Typed or printed name of signee

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SECRETION OF STATE
TALLAHASSEE, FLORIDA