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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

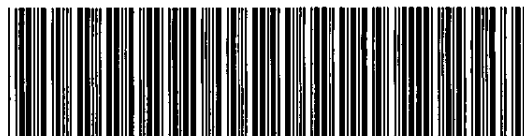
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 06 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICROMUNDO 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:

NICOLAS JAKIMOWICZ

Name of Person

Firm/Company

(1616) N FLORIDA MANGO RD. #A7

Address

WPRB FL 33409

City/State and Zip Code

lisandrocinpolans@gmail.com

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

For further information concerning this matter, please call:

NICOLAS JAKIMOWICZ

Name of Person

at (561) 8562408

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

MICROMUNDO LLC

SECRETARY OF STATE
TAMMAMASSSETT
FLORIDA

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APR 11 1965
NEW YORK

Registered Agent

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	NICOLAS JAKIMOWICZ	1616 N FLORIDA MANGROVE #A7 WPB-FL 33409	☒ Add
			☐ Remove
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TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are three small, faint marks that look like staple holes or punch marks. The rest of the page is completely blank, with no handwriting or other markings.

(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)

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 MARCH 21, 2016

Signature of a member or authorized representative of a member.

Lisandro CINGOLANI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA