

L130000082445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

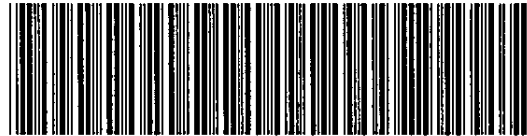
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG -1 2013

J. BRYAN

## COVER LETTER

TO: Registration Section  
Division of Corporations

ALTIMA MDC, LLC

SUBJECT: \_\_\_\_\_  
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:

CHARLES, JEAN R

\_\_\_\_\_  
Name of Person

ALTIMA MDC, LLC

\_\_\_\_\_  
Firm/Company

1141 NW 36TH STREET

\_\_\_\_\_  
Address

MIAMI, FL 33127

\_\_\_\_\_  
City/State and Zip Code

axioma.usa@gmail.com

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

For further information concerning this matter, please call:

CHARLES, JEAN R

786 513-0687

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA  
\_\_\_\_\_ and assigned  
(ds.)

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

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          | Jovel, Lenin A           | 1141 NW 36TH STREET<br>MIAMI, FL 33127 | <input checked="" type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Garcia Severino, Nancy Y | 1141 NW 36TH STREET<br>MIAMI, FL 33127 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove            |
| MGR          | Mojica Santos, Victor A  | 1141 NW 36TH STREET<br>MIAMI, FL 33127 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove            |
| MGR          | Alonso, Yuniur           | 1141 NW 36TH STREET<br>MIAMI, FL 33127 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| MGR          | Alonso, Yuri             | 1141 NW 36TH STREET<br>MIAMI, FL 33127 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| MGR          | Charles, Jean R          | 1141 NW 36TH STREET<br>MIAMI, FL 33127 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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Dated July 29, 2013, Miami



Signature of a member or authorized representative of a member

Charles, Jean R

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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