

L13000094401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

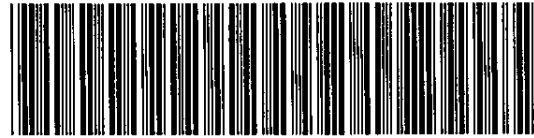
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 28 2014

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2014 JAN 23 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIR 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:

Claudia Rivas
Name of Person

SIR LLC
Firm/Company

1280 NE 144 ST
Address

North Miami FL 33141
City/State and Zip Code

Luis Rivas 080968@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis M. Rivas at (786) 374-9887
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

2014 JAN 23 AM 11:00
SECRETARY OF REVENUE
TALLAHASSEE, FL 32301

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SIR 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>
MGR	Luis M. Rivas	1280 NE 144 St	<input checked="" type="checkbox"/> Add
		North Miami	<input type="checkbox"/> Remove
		FL 33161	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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JAN 23 AM 11:09
CLERK OF DISTRICT COURT
JAN 23 2023

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

01/19/2014



Signature of a member or authorized representative of a member

Claudia Rivas

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
JAN 23 2014

2014 JAN 23 AM 10:00

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