

L13000100367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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OCT 16 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LATIN FACTOR ENTERTAINMENT 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:

AIMEE BURGOS

Name of Person

A & B CONSULTING ENTERPRISES INC

Firm/Company

1929 W 60TH ST

Address

HIALEAH FL 33012

City/State and Zip Code

ab@abconsultingfl.com

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

For further information concerning this matter, please call:

AIMEE BURGOS

Name of Person

305 827-0028

at ()

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

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LATIN FACTOR ENTERTAINMENT LLC

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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

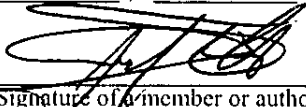
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JORGE DAVID CHIQUIZA GONZALEZ	14385 SW 97 LN #100	<input checked="" type="checkbox"/> Add
		MIAMI FL 33186	<input type="checkbox"/> Remove
MGR	DAVID J GONZALEZ	14385 SW 97 LN	<input type="checkbox"/> Add
		MIAMI FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated **OCTOBER 11**, **2013**



Signature of a member or authorized representative of a member

JORGE DAVID CHIQUIZA GONZALEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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