

U3000114884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

DEC 10 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COREL, 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:

**ROBERT MACK**

Name of Person

**TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC**

Firm/Company

**295 S. HIAWASSEE RD - SUITE 407F**

Address

**Orlando - Florida 32835**

City/State and Zip Code

**CREATRX@CFL.RR.COM**

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

For further information concerning this matter, please call:

**ROBERT MACK**

Name of Person

at ( **407** ) **403-3339**

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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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>
MGRM	ANGELO M. CORONEL A. MARTINS	2295 S. HIAWASSEE RD - Suite 407	<input type="checkbox"/> Add
		ORLANDO - FI 32835	<input checked="" type="checkbox"/> Remove
MGR	ELEUSA M. SILVA C. MARTINS	2295 S. HIAWASSEE RD - Suite 407	<input type="checkbox"/> Add
		ORLANDO - FI 32835	<input checked="" type="checkbox"/> Remove
MGR	JET INTERNATIONAL TRADING S/A	Roberto Motta Ave	<input checked="" type="checkbox"/> Add
		Costa del Este	<input type="checkbox"/> Remove
		0819-05911 Republica Panama	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

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Dated DECEMBER 03, 2013

*Eleusa M. Martins*

Signature of a member or authorized representative of a member

**ELEUSA M SILVA C MARTINS**

Typed or printed name of signee

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Filing Fee: \$25.00

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