

L13000156219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

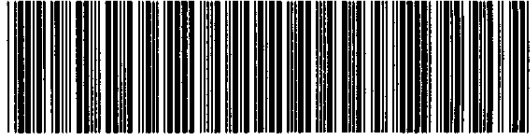
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

JUN 09 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantica 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:

Viviana Plasencia

Name of Person

Manal Oliver & Associates, Inc.

Firm/Company

301 W. 41st Street, Suite 501

Address

Miami Beach, FL 33140

City/State and Zip Code

manal@moaaccounting.com

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

For further information concerning this matter, please call:

Viviana Plasencia

305 868-7620
at (_____) _____
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

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

Atlantica LLC

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MAY 20 10 8 AM 4-110
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(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.

Manal Olweis
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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