

L13000160783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

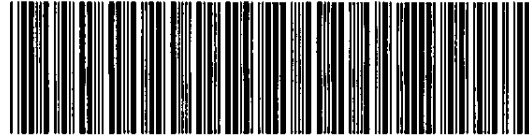
(Business Entity Name)

(Document Number)

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2013 NOV 22 PM 12:11  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
NOV 26 2013  
EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **8851 Harding 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:

**Madeleine D. Longaray**

Name of Person

**LONGARAY & ASSOCIATES, INC.**

Firm/Company

**8360 West Flagler St #203**

Address

**Miami, FL 33144**

City/State and Zip Code

**madeleine@longaray.com**

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

For further information concerning this matter, please call:

**Madeleine D. Longaray**

Name of Person

at ( **305** ) **553-9801**

Area Code & Daytime Telephone Number

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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

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	Guillermo San Martin	1305 NE 135 St	<input checked="" type="checkbox"/> Add
		North Miami, FL 33161	<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

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Claudio G. Baltuliones

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA