

L13000169936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

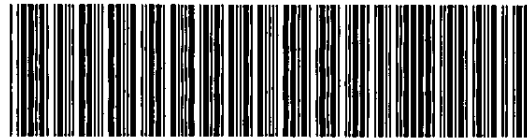
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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MAY 07 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MC GALVIS 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:

Carlos A. Gil
Name of Person

Carlos A Gil, PA
Firm/Company

3910 W. FLAGLER ST
Address

MIAMI, FL 33134
City/State and Zip Code

CARLOS @ CARLOSAGILPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Gil at (305) 443-2525
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MC GALVIS, LLC

Page 1 of 3

Attestation: The undersigned is the 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

Title	Name	Address	Type of Action
MGR	MARIA C GALVIS	3785 NW 82 AVE	<input type="checkbox"/> Add
		UNIT 115	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33178	
MGR	CAROLINA CAMPUZANO	3785 NW 82 AVE	<input checked="" type="checkbox"/> Add
		UNIT 115	<input type="checkbox"/> Remove
		MIAMI, FL 33178	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

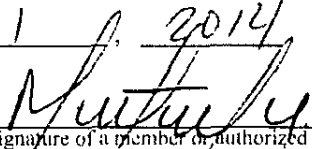
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DIVISION OF CONCORDANCE

...if amending any other information, state 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 MARCH 1, 2014



Signature of a member or authorized representative of a member

MARIA C GALVIS

Typed or printed name of signee

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