

L14 000001748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

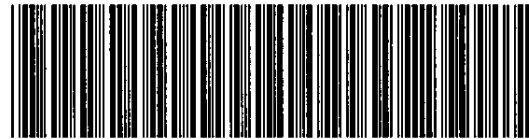
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIBRA VENTURES, 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:

FREDERICO BOMENY

Name of Person

Firm/Company

6433 POND APPLE ROAD

Address

BOCA RATON, FLORIDA 33433

City/State and Zip Code

BOMENYF@GMAIL.COM

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

For further information concerning this matter, please call:

FREDERICO BOMENY

Name of Person

at **786** **301-3523**

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

MGR = Manager
AMBR = Authorized Member

<u>MGR</u>	<u>FREDERICO BOMENY</u>	<u>6433 POND APPLE ROAD</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON, FL 33433</u>	<input type="checkbox"/> Remove

_____ ☐ Add _____ ☐ Remove

_____ ☐ Add

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D. If amending any other information, enter 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 **FEBRUARY 12**, **2014**

Signature of a member or authorized representative of a member

FREDERICO BOMENY

Typed or printed name of signee

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Filing Fee: \$25.00

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA