

L14000002628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

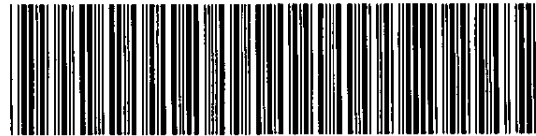
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

FILED
SEP 11 2014

SEP -8 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Manolo Garcia 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:

Manolo Garcia
Name of Person
Manolo Garcia LLC
Firm/Company
1604 Rawhide Court
Address
Tallahassee, FL 32304
City/State and Zip Code
mgarcia1604@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manolo Garcia at (850) 459-8621
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

Manolo Garcia LLC

Page 1 of 3

If amending the Managers or 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose Fuentes	5241 Blountstown Hwy	<input type="checkbox"/> Add
		Tallahassee, FL 32304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SEP 14 14:58 PM 3:33
TALLAHASSEE, FL 32304
SEP 14 14:58 PM 3:33

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: 9/8/14 (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 September 8, 2014.

Manolo Berceles

Signature of a member or authorized representative of a member

Manolo Berceles

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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