

L14 0000 13707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

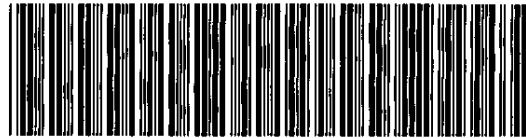
(Business Entity Name)

(Document Number)

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14 MAY 23 4:11 PM '14
SECTION 100, STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 32C Team, 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:

Roberto Saade
Name of Person

32C Team, LLC
Firm/Company

17707 NW Miami Ct. #101
Address

Miami, FL 33169
City/State and Zip Code

frd.management@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Saade at (305) 793 3558
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

32C Team LLC

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MGR = Manager
AMBR = Authorized Member

MGR JOSE PEREZ 17707 NW MIAMI CT #101 ☒ Add
MIAMI, FL 33169 ☐ Remove

MGR Flavio Lorenzi 17707 NW Miami Ct #101 ☒ Add
Miami, FL 33169 ☐ Remove

MGR Roberto Saade 17707 NW Miami Ct #101
Miami, FL 33169 ☐ Add ☐ Remove

AMBR Patricia Pozada 17707 NW Miami Ct #101 ☒ Add
Miami, FL 33169 ☐ Remove

☐ Remove
14 MAY 23
11:10:14
☐ Add
14 MAY 23
11:10:14
☐ Remove

☐ Add☐ Remove

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 MAY 15, 2014

Roberto Saade

Signature of a member or authorized representative of a member

Roberto Saade

Typed or printed name of signee

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Filing Fee: \$25.00

2014 MAY 15 14
14 MAY 23 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA