

L14 0000 20726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

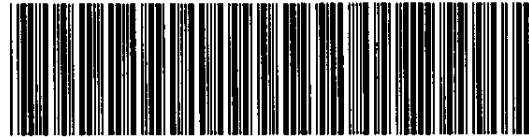
(Business Entity Name)

(Document Number)

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14 MAR -3 AM 9:26  
J. STIVERS  
MAR 04 2014

J. Stivers MAR 04 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **FERANDO LAMELAS, 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:

**BJ Cottrell**

Name of Person

**Tax & Accounting of SWFL**

Firm/Company

**809 Walkerbilt Road #6**

Address

**Naples, FL 34110**

City/State and Zip Code

**admin@taswfl.com**

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

For further information concerning this matter, please call:

**BJ Cottrell**

Name of Person

at **239 449-4881**

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

FERANDO LAMELAS, LLC

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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>
AMBR	FERANDO LAMELAS	3341 24TH AVE N	<input type="checkbox"/> Add
		NAPLES, FL 34120	<input checked="" type="checkbox"/> Remove
AMBR	FERNANDO LAMELAS	3341 24TH AVE N	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Left out the one of the "N" in Fernando.

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 02/23, 2014.



Signature of a member or authorized representative of a member

**FERNANDO LAMELAS**

Typed or printed name of signee

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Filing Fee: \$25.00

14 MAR -3 AM 9:26  
STATE OF FLORIDA  
TALLAHASSEE