

L14000026187

\_\_\_\_\_  
(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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07/03/17--01028--031 \*\*25.00

FILED  
17 JUL -3 PM 3:17  
DIVISION OF VITAL RECORDS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NON HOLDING 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:

OSVALDO CAPOTE

\_\_\_\_\_  
Name of Person

NON HOLDING LLC

\_\_\_\_\_  
Firm/Company

3533 NW 49 ST

\_\_\_\_\_  
Address

MIAMI FLORIDA 33142

\_\_\_\_\_  
City/State and Zip Code

YRCAPOTE@OANDJELECTRIC.COM

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

For further information concerning this matter, please call:

OSVALDO CAPOTE

305

326-8852

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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  
Chifon Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## NON HOLDING LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	YUDID RODRIGUEZ	3533 NW 49 ST MIAMI FLORID	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED  
17 JUL -3 PM 3:10  
DIVISION OF CONSTRUCTION

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

FILED  
17 JUL -3 PM 3:18  
DIVISION OF COLLECTIONS

E. Effective date, if other than the date of filing: 06/20/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Signature of a member of \_\_\_\_\_

Signature of a member or authorized representative of a member

OSVALDO CAPOTE

Typed or printed name of signee