

L14000045939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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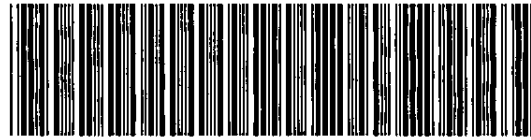
(Business Entity Name)

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ALLAHASSEE, FLORIDA

G. HARVEY
DEC 11
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ALTA STRATEGIC MANAGEMENT FOUR, 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:

JOSE L. ESPINOSA, ESQ

Name of Person

LAW OFFICE OF PATRICIA O ESPINOSA, P.A.

Firm/Company

2950 SW 27th Ave, #210

Address

Miami, Fl. 33133

City/State and Zip Code

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

For further information concerning this matter, please call:

Jose L. Espinosa, Esq.

Name of Person

at **(305) 448-5252**

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

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ALTA STRATEGIC MANAGEMENT FOUR, 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>
MGRM	PIEDRA ROJA INC	2950 SW 27TH AVE	☐ Add
		SUITE 220	☒ Remove
		MIAMI, FL 33133	
MGRM	ELBRUS MANAGEMENT THREE INC.	201 SOUTH BISCAYNE BLVD	☒ Add
		SUITE 1500 (LAD)	☐ Remove
		MIAMI, FL 33131	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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TALLAHASSEE, FLORIDA

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 November 25th, 2014

Signature of a member or authorized representative of a member

Typed or printed name of signee

Wes Jovel

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Filing Fee: \$25.00

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