

L14000056205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

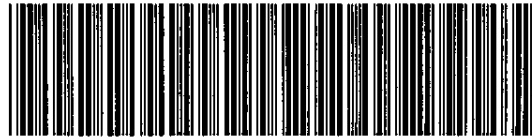
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shivers JAN 20 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TONA PROPERTY INVESTMENT 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:

Sofia Powell-Cosio

Name of Person

Sofia Powell-Cosio, P.A.

Firm/Company

1900 SW 3rd Avenue

Address

Miami, FL 33129

City/State and Zip Code

soflapc@aol.com

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

For further information concerning this matter, please call:

Sofia Powell-Cosio

at ( 305 ) 579-9988

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

**TONA PROPERTY INVESTMENT 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	USA ACCOUNTING & US CORP.	13501 SW 128th St., Suite 202 Miami, FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HIDEKEL ALFONSO CURCIO RINCONES	2250 NW 114 AVE, Unit 1-C Miami, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CILIAN SALVATORE CURCIO RINCONES	2250 NW 114 AVE, Unit 1-C Miami, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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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 December 30, 2014

Signature of a member or authorized representative of a member

HIDEKIU ALFONSO CORDA RINCONES.  
Typed or printed name of signee

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Filing Fee: \$25.00

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