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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Uchis Cakes 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:

Enrique Marquez Paris

Name of Person

Firm/Company

6651 Franklin Ave Apt #206

Address

Hollywood, CA 90028

City/State and Zip Code

Enrique.Paris@greenlightmm.com

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

For further information concerning this matter, please call:

Carlos E Roche

Name of Person

at 407 3419956

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

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	Enrique Marquez Paris	6651 Franklin Ave Apt #206 Hollywood, CA 90028	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Fernando Marquez Paris	QTA IDA , 9A TRANSV. LOS PALOS GRANDES , CHACAO ,	<input checked="" type="checkbox"/> Add
		Edo. Miranda CARACAS 1060 Venezuela	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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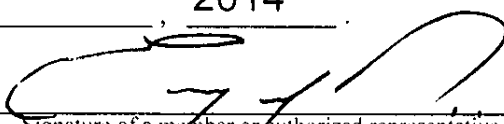
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 9, 2014



Signature of a member or authorized representative of a member

Enrique Marquez

Typed or printed name of signee

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