

L14000072059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

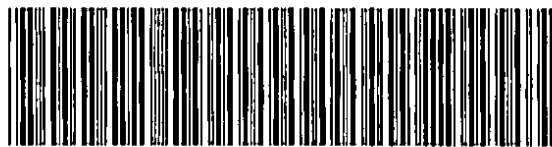
(Document Number)

Certified Copies _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2017 AUG - 3 P 3:05

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D. BRUCE
AUG 07 2017

J. CASTRO & ASSOCIATES, P.A.
6915 RED ROAD, SUITE 219
CORAL GABLES, FLORIDA 33143
Phone (305) 444-7500 Fax (305) 444-7273

July 28, 2017

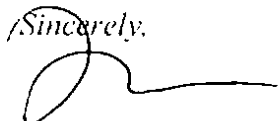
*State of Florida
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314*

RE: 3407 & 3409 LLC, a Florida limited liability
company

Gentlemen,

*Enclosed please find check # 3773 in the amount of \$25.00 and signed amended articles
for the above limited liability company.*

Sincerely,


Dolly D. Medina
Real Estate Paralegal

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3407 & 3409 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:

MARIA MARQUEZ

Name of Person

Firm/Company

1224 ANDORA AVENUE

Address

CORAL GABLES, FLORIDA 33146

City/State and Zip Code

mariaeugeniamarquez13@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at ()

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

3407 & 3409, 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	MARIA MARQUEZ	1224 ANDORA AVENUE	☐ Add
		CORAL GABLES, FLORIDA 33146	☒ Remove
			☐ Change
MGR	SILA RODRIGUEZ	1224 ANDORA AVENUE	☒ Add
		CORAL GABLES, FLORIDA 33146	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (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 605.0247 (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.

Dated July, 2017

Signature of a member or authorized representative of a member
SILA RODRIGUEZ

Filing Fee: \$25.00