

L14000084023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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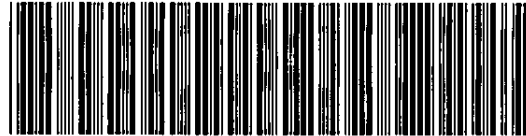
(Business Entity Name)

(Document Number)

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JUN 05 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CISNERO ARENILLA DRYWALL, 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:

AUGUSTO FERRERA
Name of Person

CENTRAL FLORIDA FORMS SERVICE INC
Firm/Company

185 S. WESTMONTE DR STE. 1216
Address

ALTAMONTE SPRINGS, FL 32714
City/State and Zip Code

centralfloridaforms@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUGUSTO FERRERA at (407) 786-6400
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

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JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

CISNERO ARENILLA DRYWALL, 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	ABEL CISNEROS	1061 CASCADE WAY	<input type="checkbox"/> Add
		APOKA, FL 32703	<input checked="" type="checkbox"/> Remove
MGRM	ABEL CISNERO	1061 CASCADE WAY	<input checked="" type="checkbox"/> Add
		APOKA, FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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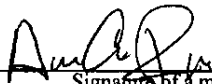
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 29, 2014.



Signature of a member or authorized representative of a member

ABEL CISNERO

Typed or printed name of signee

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Filing Fee: \$25.00

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FLORIDA