

L14 000694224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

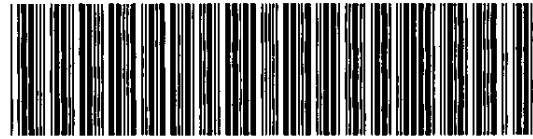
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700261030217

06/16/14--01038--010 **25.00

14 JUN 16 PM 2:08
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PERTO RICO IN CRESTVIEW L.L.C
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:

JORGE L. ALVAREZ

Name of Person

Firm/Company

6402 WELANNEE BLVD

Address

LAUREL HILL FL, 32567

City/State and Zip Code

vinette73@hotmail.com

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

For further information concerning this matter, please call:

Yanira Alvarez

Name of Person

at **850 461-8045**

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	JORGE L. ALVAREZ	6402 WELANNEE BLVD	<input checked="" type="checkbox"/> Add
		LAUREL HILL FL, 32567	<input type="checkbox"/> Remove
AMBR	YANIRA ALVAREZ	6402 WELANNEE BLVD	<input checked="" type="checkbox"/> Add
		LAUREL HILL FL, 32567	<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

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 13 June, 2014.

Signature of a member or authorized representative of a member

Jorge L. Alvarez
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUN 16 PM 2:03
TALLAHASSEE, FLORIDA