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18 MAY -7 PM 3:38

SECRETARY OF STATE  
PALM BEACH, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEJIA ALPIZAR 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:

BAO H. NGUYEN

Name of Person

MEJIA ALPIZAR LLC

Firm/Company

11150 OKEECHOBEE BLVD, STE R

Address

ROYAL PALM BEACH, FL 33411

City/State and Zip Code

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

For further information concerning this matter, please call:

BAO H. NGUYEN

561 281-5861  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## MEJIA ALPIZAR 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	AMY NGUYEN	11150 OKEECHOBEE BLVD #R	<input type="checkbox"/> Add
		ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TINH V. NGUYEN	6072 ADRIATIC WAY	<input checked="" type="checkbox"/> Add
		GREENACRES, FL 33413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MAY 7 2007  
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DEPT. OF COMMUNITY DEVELOPMENT  
1000 N. W. 10TH AVE.  
MIAMI, FL 33136

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

THIS AMENDMENT IS MADE TO REMOVE MS. AMY NGUYEN AND ADD MR. TINH VAN NGUYEN  
EFFECTIVE ON MAY 01, 2018.

FILED  
MAY 7 PM 3:38  
18  
SECRETARY OF STATE  
RECORDS SECTION

**E. Effective date, if other than the date of filing:** 05/1/2018 **(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 605.0207 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

05/03/18

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

BAO H. NGUYEN

\_\_\_\_\_  
Typed or printed name of signee