

214000097827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

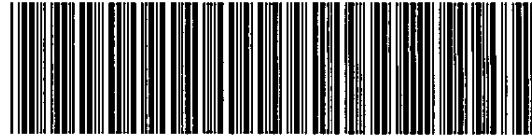
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Qualeimage, 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:

George Cordoba

Name of Person

Qualeimage, llc.

Firm/Company

3000 SW 3rd Avenue #901

Address

Miami, Florida 33129

City/State and Zip Code

george.cordoba@qualeimage.com

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

For further information concerning this matter, please call:

George Cordoba

Name of Person

at (Area Code)

786 3251326

Daytime Telephone Number

☒ \$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

Qualeimage, llc.

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TALLAHASSEE, FLORIDA

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>
AMBR	George Cordoba	3000 SW 3rd Ave #901 Miami, FI 33129	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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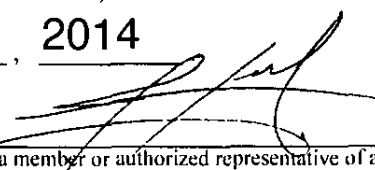
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 September 15, 2014



Signature of a member or authorized representative of a member

George Cordoba

Typed or printed name of signer

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Filing Fee: \$25.00

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