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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 19 2014

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **FL ALLIANCE BUILDERS GROUP 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:

**IVAN HERNANDEZ**

Name of Person

**FL ALLIANCE BUILDERS GROUP LLC**

Firm/Company

**4595 PALM BEACH BLVD #3**

Address

**FORT MYERS, FL 33905**

City/State and Zip Code

**GLOBALSTAFFINGFL@GMAIL.COM**

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

For further information concerning this matter, please call:

**IVAN HERNANDEZ**

Name of Person

**863 623-7115**

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

## FL ALLIANCE BUILDERS GROUP LLC

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	IVAN HERNANDEZ	4595 PALM BEACH BLVD #3	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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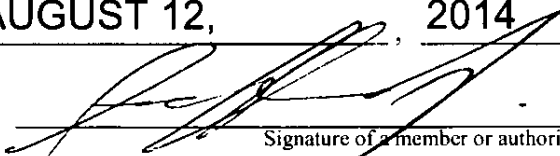
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 **AUGUST 12,** **2014**



Signature of a member or authorized representative of a member

**IVAN HERNANDEZ**

Typed or printed name of signee

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**14 AUG 15 PM 4:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**