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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2014 AUG 14 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan AUG 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Latintronics 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:

Ronan D. Ordonez

Name of Person

Latintronics LLC

Firm/Company

13765 NW 5th Ave

Address

N. Miami, FL 33168

City/State and Zip Code

Ronan504@gmail.com

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

For further information concerning this matter, please call:

Ronan Ordonez

Name of Person

at (786)

Area Code

553-2781

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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>
AMBR	Ronan, Ordonez D.	13765 NW 5th Ave	<input type="checkbox"/> Add
		N. Miami, FL 33168	<input checked="" type="checkbox"/> Remove
MGR	Ronan, Ordonez D.	13765 NW 5th Ave	<input checked="" type="checkbox"/> Add
		N. Miami, FL 33168	<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

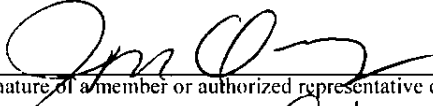
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change my title to MGR.

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 08/11/2014, 2014.



Signature of a member or authorized representative of a member

Ronan Odonez

Typed or printed name of signee

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Filing Fee: \$25.00

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