

L14000137135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

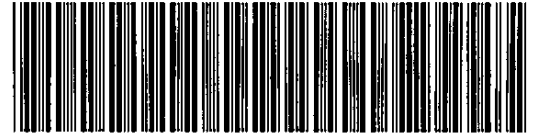
(Business Entity Name)

(Document Number)

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2014 OCT 1 10:26 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan OCT 1 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L&GMIR 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:

Luis Mir

Name of Person

Firm/Company

9400 SW 77 Ave. Unit K-5

Address

Miami, FL 33156

City/State and Zip Code

louiemir@hotmail.com

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

For further information concerning this matter, please call:

Luis Mir

Name of Person

at **786 486-9483**

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

SECRETARY OF STATE
TALLAHASSEE, FLOR

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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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

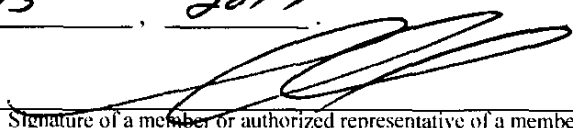
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>Luis Mir</u>	<u>9400 SW 77 Ave. Unit K-5</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Remove
		<u> </u>	
<u>SEC</u>	<u>Ginella Mir</u>	<u>9400 SW 77 Ave. Unit K-5</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Remove
		<u> </u>	
<u>MGR</u>	<u>Luis Mir</u>	<u>9400 SW 77 Ave. Unit K-5</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33156</u>	<input type="checkbox"/> Remove
		<u> </u>	
<u>AMBR</u>	<u>Ginella Mir</u>	<u>9400 SW 77 Ave. Unit K-5</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33156</u>	<input type="checkbox"/> Remove
		<u> </u>	
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	

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 SEPT 23, 2014



Signature of a member or authorized representative of a member

WIS MIR

Typed or printed name of signee

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Filing Fee: \$25.00

2014 SEP 23 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA