

L14000137681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

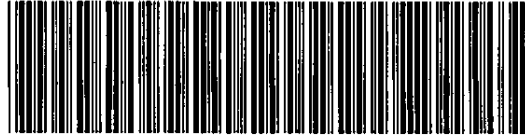
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 3 - 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: La Casa De Los Chimis 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:

Jose Osvaldo Polanco

Name of Person

La Casa De Los Chimis

Firm/Company

517 N Semoran Blvd

Address

Orlando FL 32807

City/State and Zip Code

josepolanco9163@yahoo.com

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

For further information concerning this matter, please call:

Jose Osvaldo Polanco

Name of Person

at (407) 782-3153

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

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>
MGR	Jose Osvaldo Polanco	517 N Semoran Blvd.	<input checked="" type="checkbox"/> Add
		Orlando, FL 32807	<input type="checkbox"/> Remove
AMBR	Jennifer Valdes	517 N Semoran Blvd	<input checked="" type="checkbox"/> Add
		Orlando, FL 32807	<input type="checkbox"/> Remove
AMBR	MAXIMO J ESPINAL	517 N Semoran Blvd	<input type="checkbox"/> Add
		Orlando, FL 32807	<input checked="" type="checkbox"/> Remove
AMBR	ROBERTO ESPINAL	517 N Semoran Blvd	<input type="checkbox"/> Add
		Orlando, FL 32807	<input checked="" 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.)*

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 March 10, 2015



Signature of a member or authorized representative of a member

Jose Osvaldo Polanco

Typed or printed name of signee

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Filing Fee: \$25.00

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