

L14000149217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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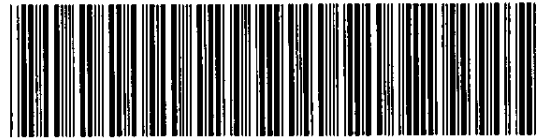
(Business Entity Name)

(Document Number)

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M. MILLIGAN
EXAMINER

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DATE: 12/18/14

NAME: SLSS1, LLC

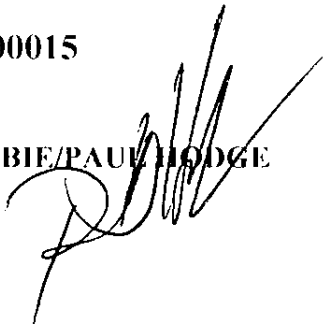
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SLSS1, 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:

Alina Landver

Name of Person

Landver Law Corporation, APC

Firm/Company

8200 Wilshire Blvd #400

Address

Beverly Hills CA 90211

City/State and Zip Code

alina@landverlaw.com

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

For further information concerning this matter, please call:

Alina Landver

310 980-1189

Name of Person

at (_____)_____
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

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

Page 1 of 3

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	Alejandra M. Perez	4026 West Hillsboro Blvd	<input type="checkbox"/> Add
		Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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11th JUDICIAL CIRCUIT
IN AND FOR THE STATE OF FLORIDA
DEPT. OF REVENUE

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 in document called by the Florida Department of State)

Date: December 17, 2014

(Signature)

Signature of a member or authorized representative of a member

Armando Beyaz, Manager

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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