

L14000157871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

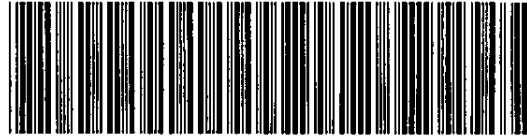
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shivers NOV 18 2014

## COVER LETTER

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

SUBJECT: **SUAREZ FAMILY LIMITED LIABILITY COMPANY**

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:

**ELIZABETH LAO**

Name of Person

**SMGQ LAW**

Firm/Company

**201 ALHAMBRA CIRCLE, STE 1205**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**ELAO@SMGQLAW.COM**

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

For further information concerning this matter, please call:

**ELIZABETH LAO**

at ( **305** ) **377-1000**

Name of Person

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

## SUAREZ FAMILY 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	MARC SUAREZ	1650 GALIANO STREET, TH 13	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
MGR	ANAELY G. SUAREZ	1650 GALIANO STREET, TH 13	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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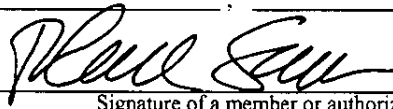
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 October 5, 2014



Signature of a member or authorized representative of a member

ROLAND SANCHEZ-MEDINA, RA/ ATTY-IN- FACT

Typed or printed name of signee

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Filing Fee: \$25.00

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