

214000156409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

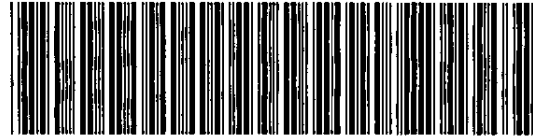
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Butter Nation 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:

**Francesca Navarro-Grau Urteaga**

Name of Person

**Butter Nation LLC**

Firm/Company

**31 SE 5th st, apt 2606**

Address

**Miami, FL,33131**

City/State and Zip Code

**francesca@butternation.com**

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

For further information concerning this matter, please call:

**Francesca Navarro-Grau Ureataga**

at (

**786**

**4937577**

Name of Person

Area Code

Daytime Telephone Number

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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

Butter Nation LLC

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>
Ms	Andrea Salazar Ortegon	31 SE 5th st, apt 2606, Miami, FL, 33131	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add
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N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 MIAMI, FLORIDA

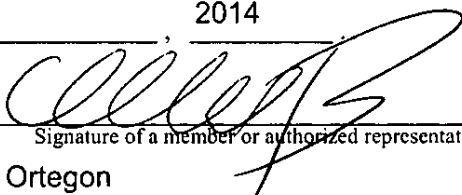
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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 November 6, 2014



Signature of a member or authorized representative of a member

Andrea Salazar Ortegon

Typed or printed name of signee

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Filing Fee: \$25.00

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