

L14000165686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

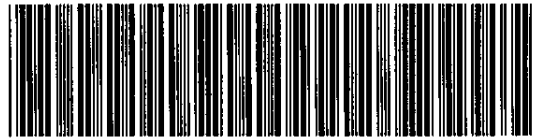
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8 Dec 23 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MYLIZA 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:

Myrian L Zamorano

Name of Person

MYLIZA LLC

Firm/Company

305 W Coral Trace Cir

Address

Delray Beach, FL 33445

City/State and Zip Code

lissettzamorano@gmail.com

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

For further information concerning this matter, please call:

Myrian L Zamorano

954 708-8148

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

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>
AMBR	Sandra Patricia Rios	Calle 9na #114-195	<input checked="" type="checkbox"/> Add
		Casa #10	<input type="checkbox"/> Remove
		Cali, Colombia	
			<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.)*

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 December 10, 2014



Signature of a member or authorized representative of a member

Myriam L Zamorano

Typed or printed name of signee

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TALLAHASSEE, FLORIDA