

L14000169968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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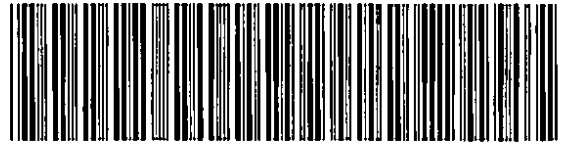
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. LEGGETT
DEC 11 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA CREMERIA DE FRANCESCA, 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:

CLARISA GIANNELLI

Name of Person

LA CREMERIA DE FRANCESCA, LLC

Firm/Company

3150 W 81 STREET

Address

HALEAH FL 33018

City/State and Zip Code

LACREMERIADEFRANCESCA@HOTMAIL.COM

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

For further information concerning this matter, please call:

CLARISA GIANNELLI

786

2714652

at ()

Name of Person

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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FBI - ALBANY
Zip Code 12004
ALBANY, NY

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	FRANCESCA GIANNELLI	1723 SE 2ND AVE APT#1102	<input type="checkbox"/> Add
		MIAMI FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MARIA TERESA GIANNELLI	1723 SW 2ND AVE APT#1102	<input type="checkbox"/> Add
		MIAMI FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

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FALL ARIZONA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated NOVEMBER 30, 2017

Signature of a member or authorized representative of a member

CLARISA CIANNELLI

Typed or printed name of signee