

L15000010795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

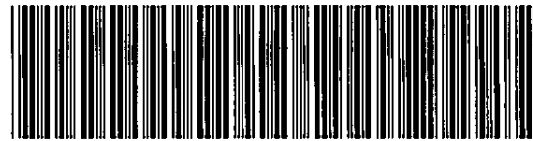
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 26 AM 11:24

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K. SALY

SEP 29 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TIZANA 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:

Victor J Badell

Name of Person

Badell Offices LLC

Firm/Company

350 S Miami Ave, Suite A

Address

Miami, FL 33130

City/State and Zip Code

victor@badellpc.com

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

For further information concerning this matter, please call:

Victor J Badell

305

4987788

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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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

Page 1 of 3

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>
MGR	YEPES, Marielaine	4680 NW 102nd Ave, Apt 203	☐ Add
		Doral, FL 33178	☒ Remove
			☐ Change
MGRM	YEPEZ, Marco A.	4680 NW 102nd Ave, Apt 203	☐ Add
		Doral, FL 33178	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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IN LAHARSEE FLORIDA
COUNTY OF STATE

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

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HALL COUNTY FLORIDA

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated September 12, 2016

Signature of a member or authorized representative of a member

Marielaine YEPES, MGR

Typed or printed name of signee