

L15000011957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

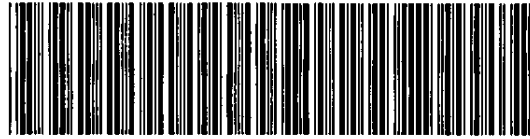
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAR 10 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**INVERSIONES OKAR, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**John Ainsworth, Esq.**

\_\_\_\_\_  
Name of Person

**Perez-Roura Ainsworth PLLC**

\_\_\_\_\_  
Firm/Company

**1111 Brickell Ave., 11th Floor**

\_\_\_\_\_  
Address

**Miami, FL 33131**

\_\_\_\_\_  
City/State and Zip Code

**info@pra-law.com**

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

For further information concerning this matter, please call:

**John Ainsworth**

**305 600-3816**

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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



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	ALMEIDA, Alexander Jose	8283 NW 64 Street	<input checked="" type="checkbox"/> Add
		Unit 7	<input type="checkbox"/> Remove
		Miami, FL 33166	
MGR	URBINA RANGEL, Oscar	8283 NW 64 Street	<input checked="" type="checkbox"/> Add
		Unit 7	<input type="checkbox"/> Remove
		Miami, FL 33166	
MGR	URBINA RANGEL, Oscar	1111 BRICKELL AVE SUITE 1100	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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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)

February 17 2015

Dated \_\_\_\_\_, \_\_\_\_\_

*Oscar Urbina*

Signature of a member or authorized representative of a member

Oscar URBINA RANGEL, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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