

L150000 24355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

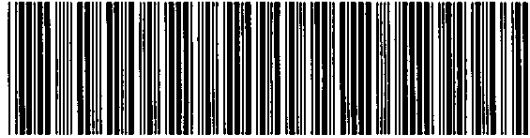
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300271799743

04/16/15--01017--013 **25.00

FILED
15 APR 16 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10:00 AM APR 27 2015

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>
MGR	ANTONIETTA MARQUEZ	201 S. BISCAYNE BLVD.	<input checked="" type="checkbox"/> Add
		FLOOR 28	<input type="checkbox"/> Remove
		MIAMI, FL 33133	
MGR	ALEJANDRA MARQUEZ	201 S. BISCAYNE BLVD.	<input checked="" type="checkbox"/> Add
		FLOOR 28	<input type="checkbox"/> Remove
		MIAMI, FL 33133	
			<input type="checkbox"/> Add
			<input 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

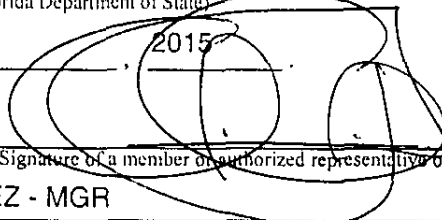
RECEIVED
APR 6 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 April 9

2015


Signature of a member or authorized representative of a member

DANIEL MARQUEZ - MGR

Typed or printed name of signee

FILED
15 APR 16 PM 12:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA