

L18000049546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

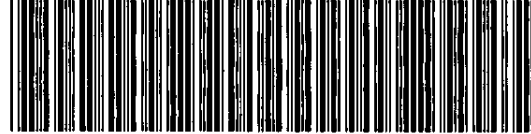
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 23 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE OMBU, 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:

**ALVARO CASTILLO**

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

**CASTILLO & ASSOCIATES**

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

**1390 BRICKELL AVENUE SUITE 200**

\_\_\_\_\_  
Address

**MIAMI, FL 33131**

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

**alvaro@alvarocastillo.com**

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

For further information concerning this matter, please call:

**Alvaro Castillo**

**305 371-5540**

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

THE OMBU, LLC

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	FERNANDO JARAMILLO	3110 W 84TH ST UNIT NO 9	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33018	<input type="checkbox"/> Remove
MGR	DIANA C. JARAMILLO	3110 W 84TH ST UNIT NO 9	<input type="checkbox"/> Add
		HIALEAH, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

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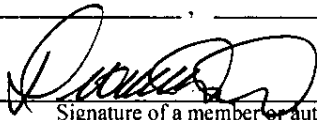
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Dated

4/07/15



Signature of a member or authorized representative of a member

DIANA C. JARAMILLO

Typed or printed name of signee

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Filing Fee: \$25.00

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