

U500057175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

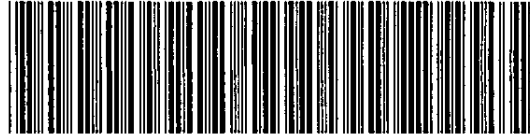
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Paredes Family 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:

Graziela Machado

Name of Person

Firm/Company

2028 Harrison Street, Suite 102

Address

Hollywood, FL 33120

City/State and Zip Code

graziela.machado@realtus.com

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

For further information concerning this matter, please call:

Curtis Wolfe

305 812-4500
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

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	Graziela Machado	2028 Harrison Street, Suite 102	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bettina Montoya	2028 Harrison Street, Suite 102	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fabian Conde	2130 Van Buren Street, TH206	<input type="checkbox"/> Add
		Hollywood, FL 33120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)

EIN 47-3648381

Multiple horizontal lines for amending information.

19 AUG 27 PM 2:32
OFFICE OF THE
TREASURER OF THE
STATE OF 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 08/25/15

Signature of a member or authorized representative of a member

Fabian Conde
Typed or printed name of signee