

L15000063442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

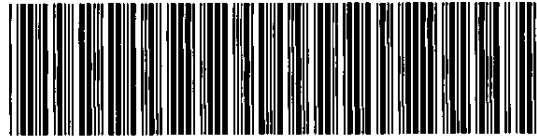
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

Bluestone Solutions 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:

Alberto Lucarelli

Name of Person

Bluestone Solutions LLC

Firm/Company

400 NE 12th ave, apt 803

Address

Hallandale, FL 33009

City/State and Zip Code

alucarelli@videotron.ca

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

For further information concerning this matter, please call:

Alberto Lucarelli

514

915-2514

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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FLORIDA
Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LULIANI, LUIGI	49 RUE BELFORT	<input type="checkbox"/> Add
		LORRAINE QUEBEC, XX J6Z2T	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DELLE DONNE, VINCE	400 NE 12 AVENUE, #803	<input type="checkbox"/> Add
		HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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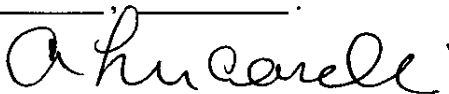
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Lined area for text entry.

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 21, 2015


Signature of a member or authorized representative of a member

Alberto Lucarelli
Typed or printed name of signee

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TALLAHASSEE, FLORIDA