

L15000084637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

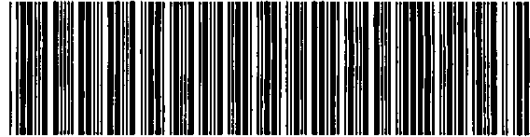
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AITANA 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:

OLGA MELO

Name of Person

A-AMERICAN FINANCIAL SERVICE

Firm/Company

2761 SW 152 COURT

Address

MIAMI, FL 33185

City/State and Zip Code

AAMERICANFINANCIALSVC@YAHOO.COM

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

For further information concerning this matter, please call:

OLGA MELO

305 9921879

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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AITANA LLC

Page 1 of 3

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>
AMBR	MARIA B. ARRIZABALAGA	2250 NW 114 AVE, CCS 504130	<input type="checkbox"/> Add
		UNIT 1C	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
AMBR	GAIZKA DE IRIBAR	2250 NW 114 AVE, CCS 504130	<input type="checkbox"/> Add
		UNIT 1C	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated AUGUST 16 2016

Signature of a member or authorized representative of a member

MARIA BLANCA ARRIZABALAGA

Typed or printed name of signee