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TALLAHASSEE, FLORIDA

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S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NIKMAR ASSOCIATES L.L.C.

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:

ANGEL MATOS

Name of Person

Firm/Company

7600 SOUTHLAND LVD, STE 105

Address

ORLANDO, FL 32809

City/State and Zip Code

nikmarassociates@gmail.com

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

For further information concerning this matter, please call:

ANGEL MATOS

407

470-2478

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 &
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(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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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	EDUARDO TAPIA	2537 CARRICKTON CIR	☐ Add
		ORLANDO FL 32824	☒ Remove
			☐ Change
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(b) The 90th day after the record is filed.

~~Typed or printed name of signee~~

Filing Fee: \$25.00

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