

L15 000 103 494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

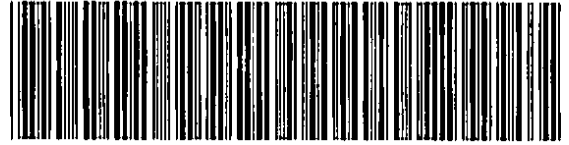
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500377031265

12/06/21--01023--008 **25.00

21 DEC 16 PM 3:25

T. MATTHEWS

DEC 16 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Antobells, 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:

Carolina T. Bravo

Name of Person

Antebells, LLC

Firm/Company

851 Gairloch Lane

Address

Fort Pierce, FL 34947

City/State and Zip Code

karothebravo@gmail.com

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

For further information concerning this matter, please call:

Carolina T. Bravo at (561) 290-3900

Name of Person	Area Code	Daytime Telephone Number
Carolina T. Bravo	561	290-3900

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

21 DEC -6 PM 3:25

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

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

21 DEC -6 PM 3:25

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carolina T. Bravo	851 Gairloch Lane, Fort Pierce, FL 34947	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Veronica Riofrio	851 Garoloch Lane, Fort Pierce, FL 34947	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please include EIN# 81-2567687

21 DEC -5 PM 3:25

E. Effective date, if other than the date of filing: 06/15/2015 **(optional)**

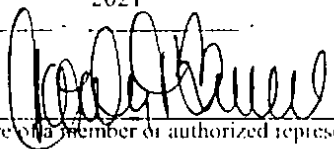
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 December 2nd..

2021



Signature of a member or authorized representative of a member

Carolina T. Bravo

Typed or printed name of signee

Filing Fee: \$25.00