

L15000104771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

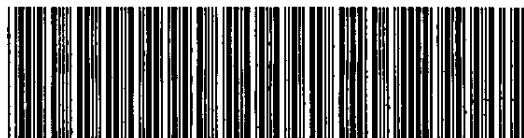
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AURELLE LOCKSMITH 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:

PATINO ESTRADA, ALEXAURA D

Name of Person

AURELLE LOCKSMITH LLC

Firm/Company

2775 NE 188 ST UNIT 5

Address

AVENTURA FL 33180

City/State and Zip Code

alexaura@aurellegroup.com

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

For further information concerning this matter, please call:

AURELLE LOCKSMITH LLC

786 724-7333
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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records

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

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	PATINO ESTRADA, ALEXAURA	2775 NE 188 ST UNIT 5 AVENTURA FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AVILA FUENMAYOR, CRISTIAN	2775 NE 188 ST UNIT 5 AVENTURA FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DE JESUS PATINO, ALEXANDE	2775 NE 188 ST UNIT 5 AVENTURA FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PALACIO DEL PELUQUERO CA	AVE 14 CC SAN FELIPE II MARACAIBO ZULIA, VENEZUI	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUISA ELENA SILVA	2775 NE 188 ST UNIT 5 AVENTURA FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	LUISA ELENA SILVA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, 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 May 04

2016

Alexandra P.

Signature of a member or authorized representative of a member

ALEXAURA P ESTRADA

Typed or printed name of signer