

LISA 105554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

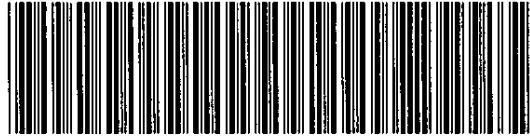
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 14 2015

8 MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARMEN'S ICE CREAM PARLOR

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:

PERLA DIAZ

Name of Person

CARMEN'S ICE CREAM PARLOR

Firm/Company

148 SUNRISE HILL LN

Address

AUBURNDAL FL 33823

City/State and Zip Code

pdvillarreal@msn.com

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

For further information concerning this matter, please call:

PAULA D VILLARREAL

863 318-1889
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

SECRET
DEPARTMENT OF STATE
WASHINGTON, D.C. 20520
OFFICE OF THE SECRETARY
OF STATE
BUREAU OF CONSTRUCTION
WASHINGTON, D.C. 20520
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w 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PERLA M DIAZ	148 SUNRISE HILL LN	<input checked="" type="checkbox"/> Add
		AUBURNDALE FL 33823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ESTEBAN DIAZ	148 SUNRISE HILL LN	<input type="checkbox"/> Add
		AUBURNDALE FL 33823	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUSTAVO E DIAZ	148 SUNRISE HILL LN	<input checked="" type="checkbox"/> Add
		AUBURNDALE FL 33823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA CARMAN CRUZ	148 SUNRISE HILL LN	<input type="checkbox"/> Add
		AUBURNDALE FL 33823	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA CARMEN CRUZ	148 SUNRISE HILL LN	<input checked="" type="checkbox"/> Add
		AUBURNDALE FL 33823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)*

[illegible]

E. Effective date, if other than the date of filing: 08/01/2015 (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

7/9/15

115

 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

PERLA M DIAZ

Typed or printed name of signee

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Filing Fee: \$25.00

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