

L15000110192

(Requestor's Name)

(Address)

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2019 OCT -9 PM 5:22

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OCT 29 2019
T. LEMMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fuller Services North America, 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:

Bianca Antunez

Name of Person

Alvarez & Diaz-Silveira LLP

Firm/Company

355 Alhambra Circle Suite 1450

Address

Coral Gables, FL 33134

City/State and Zip Code

Bantunez@adsllp.com

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

For further information concerning this matter, please call:

Bianca Antunez

Name of Person

at (305)

Area Code

740-1959

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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(Name of the Limited Liability Company as it now appears on our records.) P 5: 22
(A Florida Limited Liability Company)

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>
<u>Authorized Representative</u>	<u>Jorge Lopez</u>	<u>355 Alhambra Circle Suite 1450</u>	<input type="checkbox"/> Add
		<u>Coral Gables, FL 33134</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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: _____ (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 September 26, 2019

1 Two A. O. ✓

Signature of a member or authorized representative of a member

Pedro A Alvarez

Typed or printed name of signee