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2021 APR -5 PM 2:27

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AP FIORETTI 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:

\_\_\_\_\_  
Name of Person

BLANCO FIORETTI GROUP INC

\_\_\_\_\_  
Firm/Company

11180 W FLAGLER ST SUITE 16

\_\_\_\_\_  
Address

MIAMI FL 33174

\_\_\_\_\_  
City/State and Zip Code

SERVICES@GREKOTAXFS.COM

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

For further information concerning this matter, please call:

FRANCESCO FIORETTI                      786                      857-87-58

\_\_\_\_\_  
Name of Person                      at (\_\_\_\_\_)                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BLANCO FIORETTI GROUP INC		<input type="checkbox"/> Add
		11180 W FLAGLER ST SUITE 16 MIAMI ,FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANCESCO FIORETTI	8195 NW 104TH AVE APT 33 DORAL , FL 33178	<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
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[illegible]

(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)

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.

Francisco Fiori  
Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**