

# L15000R2570

\_\_\_\_\_  
(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

SEP 03 2015  
10:14:15

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MARIA ALEJANDRA SAORI NAKAZAKI WALTER 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:

Maria Alejandra Saori Nakazaki Walter

Name of Person

Maria Alejandra Saori Nakazaki Walter LLC

Firm/Company

4532 Northern Dancer Way

Address

Orlando, FL 32826

City/State and Zip Code

maria.houses.fl@gmail.com

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

For further information concerning this matter, please call:

Maria Alejandra Saori Nakazaki Walter

at (407) 545-1755

Name of Person

Area Code

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## MARIA ALEJANDRA SAORI NAKAZAKI WALTER LLC

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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	Maria Alejandra	809 EAST CHRUCH ST	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria Alejandra Saori Nakazaki Walter	4532 Northern Dancer Way	<input checked="" type="checkbox"/> Add
		Orlando, FL 32826	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Full name would not fit but  
Should read Maria Alejandra  
Saori Nakazaki  
Walter

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

Name of MGR Needs to be changed  
from Maria Alejandra to  
Maria Alejandra Saori Nakazaki Walter

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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 August 28, 2015.

Maria Alejandra Saori Nakazaki Walter  
Signature of a member or authorized representative of a member

Maria Alejandra Saori Nakazaki Walter

Typed or printed name of signee