

L15000123671

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 03 2015

S MASON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LIGURIA HOLDINGS 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:

ANA M. BURNES

Name of Person

LIGURIA HOLDINGS LLC

Firm/Company

31 SE 6TH STREET, 1201

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

SIMPLICITYTRUST@GMAIL.COM

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

For further information concerning this matter, please call:

DANIELA SANCHEZ

Name of Person

at 305

Area Code

9229373

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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TALLAHASSEE, FLORIDA  
f 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          | ANA M. BURNES      | 31 SE 6TH STREET | <input type="checkbox"/> Add               |
|              |                    | MIAMI, FL 33131  | <input checked="" type="checkbox"/> Remove |
|              |                    |                  | <input type="checkbox"/> Change            |
| AMBR         | ANLOGIAL S. DE R.L | 31 SE 6TH STREET | <input checked="" type="checkbox"/> Add    |
|              |                    | MIAMI, FL 33131  | <input type="checkbox"/> Remove            |
|              |                    |                  | <input type="checkbox"/> Change            |
|              |                    |                  | <input type="checkbox"/> Add               |
|              |                    |                  | <input type="checkbox"/> Remove            |
|              |                    |                  | <input type="checkbox"/> Change            |
|              |                    |                  | <input type="checkbox"/> Add               |
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|              |                    |                  | <input type="checkbox"/> Add               |
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|              |                    |                  | <input type="checkbox"/> Change            |

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[illegible]

**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.

(b) The 90th day after the record is filed.

2015

Signature of a member or authorized representative of a member

Ana M. Borines on behalf of Amlogial S. de R. L.

**Filing Fee: \$25.00**