

L15 000 138 339



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

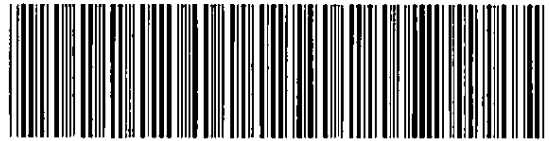
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500436448505

09/11/21-00019-001 ** 17.00

FILED
2024 SEP 17 AM 8:43
TALLAHASSEE, FL
TALLAHASSEE STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALAS 1208, 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:

TERESA A PEREZ, ESQ

Name of Person

TERESA A PEREZ, PA

Firm/Company

3137 HARRISON STREET

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

teresaperezlaw@gmail.com

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

For further information concerning this matter, please call:

TERESA A PEREZ

305 965-3264
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Seung G. Park
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>
AMBR	MIRIAM CARDET, Trustee	2425 SW 27 AVENUE	<input checked="" type="checkbox"/> Add
		UNIT PH-1404	<input type="checkbox"/> Remove
		MIAMI, FL 33145	<input type="checkbox"/> Change
AMBR	TERESA A PEREZ, Trustee	3137 HARRISON STREET	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDUARDO N. RODRIGUEZ, Trustee	2425 SW 27 AVENUE	<input type="checkbox"/> Add
		UNIT PH-1206	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33145	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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 11 2024

Signature of a member or authorized representative of a member

TERESA A PEREZ, Trustee under Trust dated 5/23/2023

Typed or printed name of signee