

LIS000 160 374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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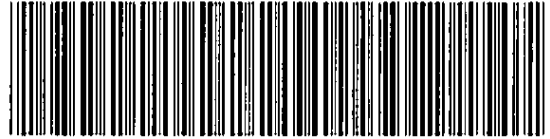
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES DONA ANA 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. VELIZ

Name of Person

ANA M. VELIZ, P.A.

Firm/Company

2600 S DOUGLAS ROAD, SUITE 710

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

AVELIZ@VELIZLAW.COM

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

For further information concerning this matter, please call:

ANA M. VELIZ

305 250-9917
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

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TALLAHASSEE, FL

INVERSIONES DONA ANA LLC

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	ALIRIA URDANETA	2890 SW 130TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NORA URDANETA	2721 SW 137 AVENUE # 101	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated 11-08-2023

Signature of a member or authorized representative of a member

ALIRIA URDANETA

Typed or printed name of signer