

L15000163565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

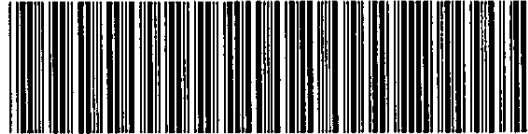
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 NOV 12 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV 13 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUSINESS OWNERS ADVISORS 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:

JOSEPH A PEREIRA JR

Name of Person

Firm/Company

10300 SW 72 ST 470J

Address

MIAMI, FL 33173

City/State and Zip Code

mrjoe1836@netzero.net

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

For further information concerning this matter, please call:

JOSEPH A PEREIRA JR

305 598-3180
at ()

Name of Person

Area Code

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 NOV 12 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 9, 2015

JOSEPH A PEREIRA JR
10300 SW 72 STREET 470J
MIAMI, FL 33173

SUBJECT: BUSINESS OWNERS ADVISORS LLC
Ref. Number: L15000163565

We have received your document for BUSINESS OWNERS ADVISORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (3) of the Amendment form with the required signature. I am enclosing page (3) only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 915A00021457

Mike,
Sign and date attached form.
JP

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	MICHAEL MINUTILLO	8522 SW 159 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33816	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL WEIHL	8522 SW 159 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: SEPTEMBER 26 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing of 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 November 7, 2015.

Michael Weill

Signature of a member or authorized representative of a member

MICHAEL WEIHL

Typed or printed name of signee