

L15000181594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

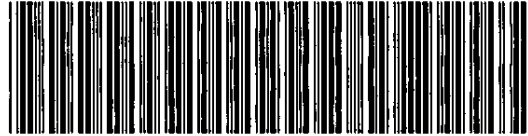
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRUSTY HUB 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:

KARIM QUAZZANI

Name of Person

TRUSTY HUB LLC

Firm/Company

19380 COLLINS AVENUE #816

Address

SUNNY ISLES BEACH, FLORIDA 33160

City/State and Zip Code

azi70@AOL.COM

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

For further information concerning this matter, please call:

KARIM QUAZZANI

954 632-5120
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA
Zip Code

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	MARCELO ANDRE MENDES	Rua M Bento Alves 982 sapiranga	<input checked="" type="checkbox"/> Add
		93800-000 Brazil	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAFAEL ALBERTO BORN	Av. Mauá, 984 Sapiranga - RS	<input checked="" type="checkbox"/> Add
		93800-000 Brazil	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

12-17-15

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 DECEMBER 17

2015

Signature of a member or authorized representative of a member

KARIM QUAZZANI

Typed or printed name of signee