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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN 01 2016  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EDWIN R. ABREU, 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:

EDWIN R. ABREU  
\_\_\_\_\_  
Name of Person

EDWIN R. ABREU, LLC  
\_\_\_\_\_  
Firm/Company

590 NW 123 ST  
\_\_\_\_\_  
Address

NORTH MIAMI, FL 33168  
\_\_\_\_\_  
City/State and Zip Code

INFO@EDWINABREU.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWIN R. ABREU                      305              803-3716  
\_\_\_\_\_  
Name of Person                      at (              )              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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

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ALLAHASSEE FLORIDA

**E. Effective date, if other than the date of filing:** 06/26/2016 (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 June 26, 2016

Signature of a member or authorized representative of a member

EDWIN R. ABREU

Typed or printed name of signee