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TALLAHASSEE, FLORIDA

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S Warren

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRATTORIA NOVELLO, 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:

ALEXANDRA MARCOUX

Name of Person

LAW OFFICE OF ALEXANDRA MARCOUX, P.A.

Firm/Company

2550 N. FEDERAL HIGHWAY, SUITE 3

Address

FORT LAUDERDALE, FL 33305

City/State and Zip Code

FRANKPEREZ@BELLNET.CA

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

For further information concerning this matter, please call:

ALEXANDRA MARCOUX

954

341-5454

Name of Person

at ()

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

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TREASURY
FLORIDA
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	GIOACCHINO PEREZ	12285 ALEXIS CARREL	<input checked="" type="checkbox"/> Add
		MONTREAL, QC H1E 4P8 CA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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