

216 0000 96471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

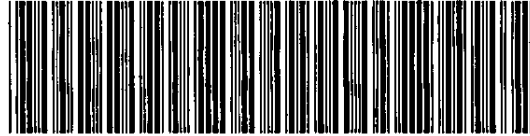
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200287339862

200287339862
06/27/16--01039--011 **25.00

FILED

16 JUN 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/28/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Casa Del Sol Adult Day Care, 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:

Alina Serra

Name of Person

Firm/Company

11401 SW 40th Street, Suite 338

Address

Miami, FL 33165

City/State and Zip Code

casadelsoadultdaycare@gmail.com

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

FILED
16 JUN 27 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Leticia Serra

at (305)

310-6552

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

Page 1 of 3

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	Alina Serra	11401 SW 40th Street, Suite 338	<input type="checkbox"/> Add
		Miami, FL 33165	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Leticia S Serra	11401 SW 40th Street, Suite 338	<input type="checkbox"/> Add
		Miami, FL 33165	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 JUN 2 AM 11 51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

15 JUN 27 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
JUN 27 AM 11:51
13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 17th, 2016

Stacia Sierra
Signature of a member or authorized representative of a member

Leticia S. Serra
Typed or printed name of signee