

L16000130582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

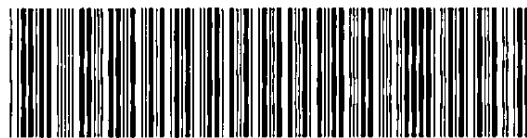
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rose
B. P. 01

Office Use Only



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L16-130 582

06/13/17--01004--002 **25.00

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2017 JUN 13 PM 2:40

N. CAUSSEAU

JUN 13 2017

Rose called
talked to
Karen 6/19/17
the initial was in correct typed as
"D" we have corrected to
"R" per her request

L16-130582

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSE B PUTOL 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:

ROSE B PUTOL
Name of Person

ROSE B PUTOL LLC
Firm/Company

3109 GRAND AVE #479
Address

MIAMI FL 33133
City/State and Zip Code

~~ROSEPUTOL@GMAIL.COM~~
E-mail address: (to be used for future annual report notifications)
PUTOLR@BELLSouth.NET

For further information concerning this matter, please call:

ROSE PUTOL 305 431-0336
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

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 | R PALACIOS & COMPANY | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ROSE P BUJOL | | <input checked="" type="checkbox"/> Add |
| | ↑ B. | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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DIVISION OF CORPORATION
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E. Effective date, if other than the date of filing: 06/12/2017 (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 12TH

2017

Signature of a member or authorized representative of a member

ROSE B PUJOL.

Typed or printed name of signee