

L16000143308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

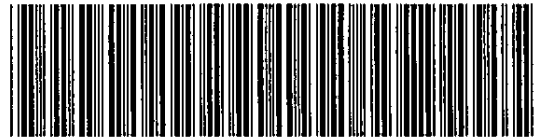
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DIVISION OF CORPORATIONS

O SIMMONS
OCT 18 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLIDER GARDEN 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:

MARIO L BENCOMO

Name of Person

Firm/Company

8020 NW 60TH STREET BLDG B SUITE P

Address

MIAMI, FL 33195

City/State and Zip Code

gpinto21@hotmail.com

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

For further information concerning this matter, please call:

MARIO L BENCOMO

954 765 6929
at ()

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

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	BENCOMO, MARIO L	8020 NW 60 th ST 3-3	<input type="checkbox"/> Add
		Miami, FL 33195	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FLAVIO ASSUNTO	8020 NW 60 th ST 3-3	<input type="checkbox"/> Add
		Miami, FL 33195	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AHMAD S. DARWICHE TAILLEN	1080 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Unit 3603	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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Remove
Change
Add
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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 CONGRESSIONAL RELATIONS

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E. Effective date, if other than the date of filing: 10/11/2016 (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 OCTOBER 11 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee