

L16000 151786

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2020 MAY 26 PM 3:00

Ahmed

MAY 26 2020

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LCR Miami, 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:

Jose Vasconcellos

Name of Person

LCR Miami LLC

Firm/Company

1809 NW 126th Ave

Address

Pembroke Pines, FL 33028

City/State and Zip Code

lcrmiami@outlook.com

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

For further information concerning this matter, please call:

Jose Vasconcellos

954 8049078
at ()

Name of Person

Area Code

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAY 26 AM 2:36

May 11, 2020

JOSE VASCONCELLOS
1809 NW 126TH AVE
PEMBROKE PINES, FL 33028

SUBJECT: LCR MIAMI LLC
Ref. Number: L16000151786

We have received your document for LCR MIAMI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 020A00009522

If Changing Registered Agent, Signature of 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>
AMBR	Cely Castellanos		<input type="checkbox"/> Add
		1809 NW 126th Ave, Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angel Suarez	1809 NW 126th Ave, Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated Pembroke Pines, 05/19/2020

Typed or printed name of signee