

L16000157608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

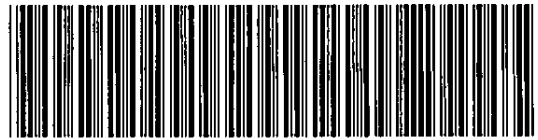
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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SER - 7 -

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albatross Business & Consulting 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:

Paula Blanchet

Name of Person

Patch & Clean Management Corp

Firm/Company

3101 Maguire Blvd. Suite 200

Address

Orlando, FL 32803

City/State and Zip Code

blanchet.paula@patchandclean.com

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

For further information concerning this matter, please call:

Paula Blanchet

Name of Person

at (407)

Area Code

730-2957

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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ords.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
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AMBR	Renzo M. Tramuntolla Velazquez	Alberto Barajas 260, Dpto 201	<input type="checkbox"/> Add
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		Lima PE. Lima 41 PE	<input type="checkbox"/> Remove
--	--	---------------------	---------------------------------

	RENZO M. TRAMUTTOLA VELAZQUEZ		<input checked="" type="checkbox"/> Change
--	-------------------------------	--	--

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The last name needs to be changed because it is spelled incorrectly. It is currently spelled as TRAMUNTOLLA, but needs to be spelled as TRAMUTTOLA.

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TALLAHASSEE, FLORIDA

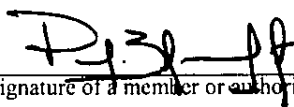
E. Effective date, if other than the date of filing: _____ (optional)

(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 08/29/, 2016



Signature of a member or authorized representative of a member

Paula Blanchet - Patch & Clean Management Corp

Typed or printed name of signee
Registered Agent.