

h16000158211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

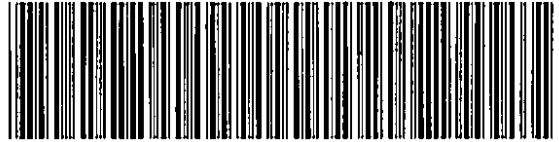
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

h1/7/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI ELECTRIC MASTERS, 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:

Manuel Cabielles

Name of Person

Miami Electric Masters, LLC

Firm/Company

8862 SW 129th Terrace

Address

Miami, Florida 33176

City/State and Zip Code

mcabielles@miamielectricmasters.com

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

For further information concerning this matter, please call:

Manuel Cabielles

305 877-3112
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

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SECRETARY OF STATE
TALLAHASSEE, FL

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	MANUEL CABIELLES, CEO	8862 SW 129TH TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	TANIA CROOK, CHAIRMAN	8862 SW 129TH TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	ALAIN N. AGUILAR R, VP	8862 SW 129TH TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<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

[illegible]

(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)

Typed or printed name of signee