

LI6000 169 538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

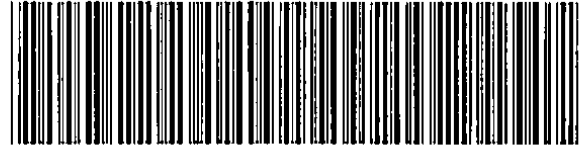
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/12/13--01010--015 ♦♦30.00

SECRETARY OF STATE  
ALLEN HASSELORE  
AUG 12 PM 2:08

AUG 15 2013  
CLERK

## COVER LETTER

TO: Registration Section  
Division of Corporations

2008 AUG 12 PM 2:08

SUBJECT: SUPER AREPA DORAL LLC

Name of Limited Liability Company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN J. HERNANDEZ

Name of Person

SUPER AREPA DORAL LLC

Firm/Company

2600 NW 87th AVE. SUITE 9

Address

DORAL, FL 33172

City/State and Zip Code

JUANJEHP@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN J. HERNANDEZ

786

3543404

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

200 AUG 12 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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>
AMBR	Gomez, Yda A.	14306 SW 11TH ST	<input type="checkbox"/> Add
		Pembroke Pines FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Molero Leal, Mary C.	2600 NW 87th AVE. SUITE 9	<input checked="" type="checkbox"/> Add
		DORAL FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hernandez, Juan J.	2600 NW 87th AVE. SUITE 9	<input type="checkbox"/> Add
		DORAL FL 33172	<input type="checkbox"/> Remove
			<input checked="" 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)

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.

Signature of a member or authorized representative of a member