

4600 / 14 999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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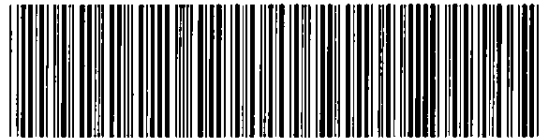
(Business Entity Name)

(Document Number)

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FILE

R. HUNT  
C-X/ 2/24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FIGURELLA AVENTURA 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:

ANGELA PEREZ

Name of Person

A CAMI BUSINESS AND CORPORATE SOLUTIONS LLC

Firm/Company

8500 SUNRISE LAKES BLVD., STE. 109

Address

SUNRISE, FLORIDA 33322

City/State and Zip Code

ACAMI@CAMIBCS.COM

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

For further information concerning this matter, please call:

ANGELA PEREZ

305 489-1414

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 Address:**

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

## FIGURELLA AVENTURA LLC.

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

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

\*

PLEASE CHANGE ADDRESS FOR MANAGER CRISTINA LELLI AS MENTIONED ABOVE.

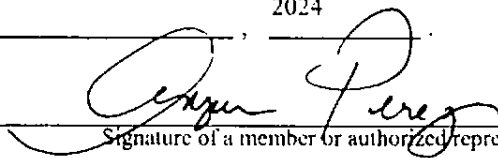
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 AUGUST 1, 2024



Signature of a member or authorized representative of a member

ANGELA PEREZ - AGENT

Typed or printed name of signee