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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

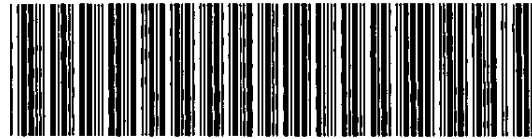
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

NOV 02 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THREE BROTHERS STUCCO & WIRE LATH, 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 O. SANCHEZ

Name of Person

THREE BROTHERS STUCCO & WIRE LATH, LLC.

Firm/Company

4140 NE 4TH TERRACE

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

OMAR.SANCHEZ42@YAHOO.COM

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

For further information concerning this matter, please call:

JOSE O. SANCHEZ

954 687-3683
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

(b) The 90th day after the record is filed.

Dated Oct. 26th, 2016

Omar Sanchez
Signature of a member or authorized representative of a member

JOSE O. SANCHEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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