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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOA'S COLLECTION 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:

ALBERTO J. SOLORZANO

Name of Person

NOA'S COLLECTION LLC

Firm/Company

1449 CAPRI LANE APT. 6210

Address

WESTON, FLORIDA 33326

City/State and Zip Code

ALBERTO@SOLORZANO.COM

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

For further information concerning this matter, please call:

MARIBEL CASANOVA

305 662-7272
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

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TALLAHASSEE, FLORIDA
~~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	AINOA U SOLORZANO	1449 CAPRI LANE APT 6210	<input type="checkbox"/> Add
		WESTON, FLORIDA 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALBERTO J SOLORZANO	1449 CAPRI LANE APT 6210	<input checked="" type="checkbox"/> Add
		WESTON, FLORIDA 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDER A SOLORZANO	1449 CAPRI LANE APT 6210	<input checked="" type="checkbox"/> Add
		WESTON, FLORIDA 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AITOR G. SOLORZANO	1449 CAPRI LANE APT. 6210	<input checked="" type="checkbox"/> Add
		WESTON, FLORIDA 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALBERTO J. SOLORZANO	1449 CAPRI LANE APT. 6210	<input type="checkbox"/> Add
		WESTON, FLORIDA 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated 05*09/2017


Signature of a member

Signature of a member or authorized representative of a member

ALBERTO J. SOLERZANO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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