

L17000003461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

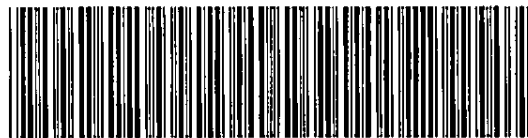
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN - 7 AM 9:21

N COOPER

JUN 08 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
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:

EDUARDO PEREZ
Name of Person
19120 NORTH MIAMI AVENUE, LLC.
Firm/Company
40 SW 13 ST SUITE 203
Address
MIAMI, FL. 33130
City/State and Zip Code
EDUARDPEREZ@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO PEREZ 786 445-2302
_____ 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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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>
MGR	EDUARDO PEREZ	40 SW 13 ST SUITE 203	<input type="checkbox"/> Add
		MIAMI, FL. 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANCIS N. HAWLEY	40 SW 13 ST SUITE 203	<input type="checkbox"/> Add
		MIAMI, FL. 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HYACINTH M. BLAKE	40 SW 13 ST SUITE 203	<input type="checkbox"/> Add
		MIAMI, FL. 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HYACINTH M. BLAKE	19120 NORTH MIAMI AV.	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33169	<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

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(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.

2018

Signature of a member or authorized representative of a member

EDUARDO PEREZ

Typed or printed name of signee