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TALLAHASSEE, FLORIDA  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 11930 SW 3 Street, 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:

Norys Altuve

\_\_\_\_\_  
Name of Person

Lada Investments, LLC

\_\_\_\_\_  
Firm/Company

7999 SW 58 Street

\_\_\_\_\_  
Address

Miami, Florida 33143

\_\_\_\_\_  
City/State and Zip Code

dcinorys@gmail.com

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

For further information concerning this matter, please call:

Norys Altuve

305 244-2479  
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>
AMBR	David Altuve	7999 SW 11 Avenue	<input type="checkbox"/> Add
		Miami, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lada Investments, LLC	7999 SW 58 Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(b) The 90th day after the record is filed.

**Dated**

March 9, 2018

Signature of a member or authorized representative of a member

Narys Altuve  
Typed or printed name

Typed or printed name of signee