

L17000041255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
2017 JUN -5 PM 4:31
TALLAHASSEE, FLORIDA

Office Use Only



000298973370

06/06/17--01010--011 **80.00

FILED
17 JUN -5 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREMIUM HITCH COVERS 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:

CARLOS E RODRIGUEZ

Name of Person

PREMIUM HITCH COVERS LLC

Firm/Company

810 EAST 13 STREET

Address

HIALEAH, FL 33010

City/State and Zip Code

mr.carlosenrique@yahoo.com

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

For further information concerning this matter, please call:

CARLOS E. RODRIGUEZ

305 987-3461
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

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>
CFO	CARLOS EDUARDO LLOVET	10891 HAYDN DR,	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33498	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	MARK SMITH & ASSOCIATES I	3111 N OCEAN DR APT 702	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

FILED
17 JUN -5 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

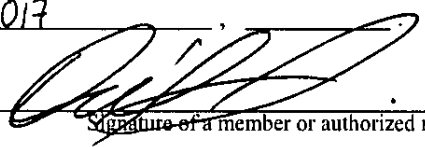
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 5/31/2017



Signature of a member or authorized representative of a member

CARLOS E RODRIGUEZ

Typed or printed name of signee