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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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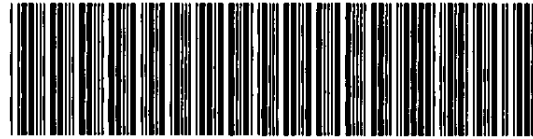
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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APR 12 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: El Sexto, 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:

Javier A. Lopez, Esq.

Name of Person

Kozyak Tropin & Throckmorton, LLP

Firm/Company

2525 Ponce de Leon Blvd., 9th Floor

Address

Miami, FL 33134

City/State and Zip Code

jal@kttlaw.com

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

For further information concerning this matter, please call:

Yamile Castro

305 728-2901
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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CLERK OF STATE
TALLAHASSEE, FLORIDA
New 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	Danilo Maldonado	126 S.W. 17 Road, #307	☐ Add
		Miami, FL 33129	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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OF MASSACHUSETTS

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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 March 15 , 2017


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Alexandra Martinez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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