

L17000065944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

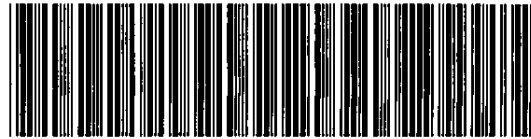
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600297677576

04/10/17--01011--003 **25.00

FILED

17 APR 10 PM 1:52

O SIMMONS
APR 11 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STEP FORWARD INVESTMENTS 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:

NAYIBE M. LEON

Name of Person

STEP FORWARD INVESTMENTS LLC

Firm/Company

P.O. BOX 152461 CAPE CORAL, FL 33915

Address

City/State and Zip Code

preguntearocio@gmail.com

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

For further information concerning this matter, please call:

NAYIBE M LEON

239

878-8264

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

N	A
---	---

Page 1 of 3

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	JORGE H. NARANJO ALVAREZ	P.O. BOX 152461 Cape Coral, Fl 3	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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
			<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)*

AUTHORIZED PERSON(S)

TITLE AMBR

JORGE H. NARANJO ALVAREZ

P.O. BOX 152461

CAPE CORAL, FL 33915

TITLE AMBR

NAYIBE M. LEON RODRIGUEZ

P.O. BOX 152461

CAPE CORAL, FL 33915

FILED
17 APR 10 PM 1:52

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 04/4/2017, _____.

Nayibe Leon R.
Signature of a member or authorized representative of a member

NAYIBE M. LEON.
Typed or printed name of signee