

L17000083036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

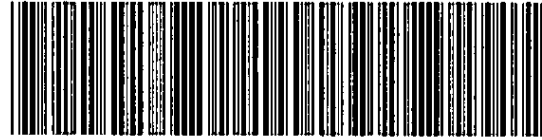
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALL RIVER, MASSACHUSETTS

09/23/2021
JH

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Deiuna 5121 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:

Susan Jewell

Name of Person

Wedge Associates LLC

Firm/Company

12180 South Shore Blvd., Suite 101A

Address

Wellington, FL 33414

City/State and Zip Code

admin@wedgeassociates.com

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

For further information concerning this matter, please call:

Susan Jewell

561

227-1555

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2021 SEP 15 PM 10: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If Changing Registered Agent, Signature of 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	Arenas, Enrique	5121 Las Palmas Avenue	<input type="checkbox"/> Add
		Wellington, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Energy Holding Corp.	Federico Boyd Ave. No. 18 and 51st Street	<input checked="" type="checkbox"/> Add
		Republic of Panama	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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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 August 17 2021

[Signature]
Signature of a member or authorized representative of a member

Rocio Aguilar Manager
Typed or printed name of signee

Filing Fee: \$25.00