

LI7000 104 671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

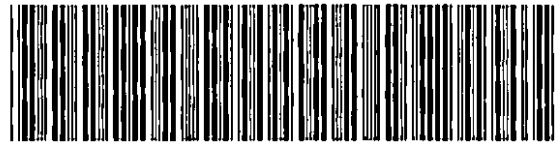
(Business Entity Name)

(Document Number)

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06/26/19--01006--002 **25.00

2019 JUN 26 PM 3:51

FILED

R. WHITE

JUL 08 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

WHITE RAVEN INVESTMENTS LLC

SUBJECT: _____
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 A. ESPINOSA

Name of Person

Firm/Company

175 S.W. 7TH STREET, SUITE 1817

Address

MIAMI, FLORIDA, 33130

City/State and Zip Code

ceo@espigaholdings.com

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

For further information concerning this matter, please call:

CARLOS A. ESPINOSA

786

5314727

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

7-30

2019 JUN 26 PM 3:51

(A Florida Limited Liability Company)

05/10/2017

and ass

and ass

N.A.

N.A.

N.A.

NA.

Zip Code

Florida

Civ Zip Code

Registered Agent:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICHOLAS KLING	2330 PONCE DE LEON BOULEVARD, CORAL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS A. ESPINOSA	175 S.W. 7TH STREET, SUITE 1817, MIAMI, FLORIDA, 33130	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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N.A.

June 24, 2019

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)

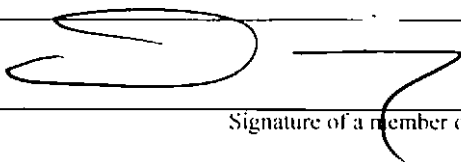
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

June 24, 2019

Dated _____



Signature of a member or authorized representative of a member

CARLOS A ESPINOSA

Typed or printed name of signee