

L17000106990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

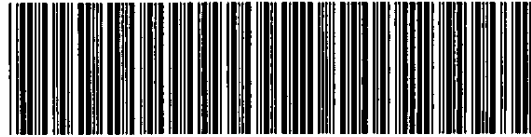
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 06 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANTIMA MOTORS, 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 CHOROCO

Name of Person

ANTIMA MOTORS, LLC.

Firm/Company

1835 NE MIAMI GARDENS DR #440

Address

NORTH MIAMI BEACH FL 33179

City/State and Zip Code

CARLOS.CHOROCO@SMARTERCHOICEINC.COM

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

For further information concerning this matter, please call:

CARLOS CHOROCO

Name of Person

at 305 763-3834

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 DISTRICT COURT
TALLAHASSEE, FLORIDA
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>
MGR	CHOROCO, CARLOS	1835 NE MIAMI GARDENS DR	<input type="checkbox"/> Add
		#440	<input checked="" type="checkbox"/> Remove
		NORTH MIAMI BEACH FL 3317	<input type="checkbox"/> Change
MGRM	KANTOR, MAURICIO	1835 NE MIAMI GARDENS DR	<input checked="" type="checkbox"/> Add
		#440	<input type="checkbox"/> Remove
		NORTH MIAMI BEACH FL 3317	<input type="checkbox"/> Change
MGRM	TRAMA, JUAN	1835 NE MIAMI GARDENS DR	<input checked="" type="checkbox"/> Add
		#440	<input type="checkbox"/> Remove
		NORTH MIAMI BEACH FL 3317	<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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TALLAHASSEE, FLORIDA
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Remove
Change
Add
Remove
Change

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

[illegible]

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 May 31st 2017

Signature of a member or authorized representative of a member

CARLOS CHOROCO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA