

L17000107919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

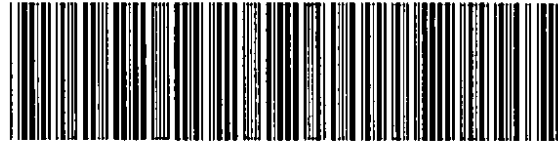
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800301343598

07/18/17--01032--004 **150.00

FILED
17 JUL 18 AM 9:07
DIVISION OF CORPORATIONS

O SIMMONS
JUL 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REGIUS PMO 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:

Nancy Betty Gonzalez

Name of Person

The Law Offices of N Betty Gonzalez

Firm/Company

2151 Le Jeune Road Suite 304

Address

Coral Gables, FL 33134

City/State and Zip Code

nbetty@nbg-law.net

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

For further information concerning this matter, please call:

Nancy Betty Gonzalez

305

428-4800

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

Regius PMO LLC

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>
MGR	Acosta Guillen, Lorenzo Esteban	2700 GLADES CIRCLE,	<input type="checkbox"/> Add
		SUITE 115	<input type="checkbox"/> Remove
		Weston, FL 33327	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" 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

7 JUL 18 AM 9:07
DIVISION OF CLERICAL SERVICES

FILED

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

FILED
JUL 18 AM 9:08
DIVISION OF CALCULATIONS

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 July 6, 2017, ~~2017~~

Signature of a member or authorized representative of a member

Lorenzo Esteban Acosta Guillen

Typed or printed name of signee