

LI 7000108353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

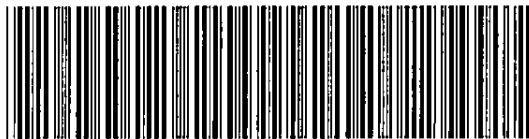
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300430588063

06/03/24--01009--020 **25.00

FILED
2024 JUN -3 PM 1:35
CLERK OF STATE
TALLAHASSEE, FL

A. HUNT

6/6/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maria C Basulto, 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:

Maria C Basulto

Name of Person

BareLyonesse Enterprises, LLC

Firm/Company

5701 NW 36th Street

Address

Virginia Gardens, FL 33166

City/State and Zip Code

basultom@outlook.com

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

For further information concerning this matter, please call:

Maria C Basulto

786

355-6473

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

FILED
2024 JUN -3 PM 1:35
CLERK OF STATE
TALLAHASSEE, FL

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>
--------------	-------------	----------------	-----------------------

_____	_____	_____ <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
_____	_____	_____ <input type="checkbox"/> Add
		_____ <input type="checkbox"/> Remove
		_____ <input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL
2024-07-03 PM 1:35
ADD

FILED
2024 JUL -3 PM 1:35
CLERK OF STATE
TALLAHASSEE, FL

FILED
2024 JUL -3 PM 1:35
CLERK OF STATE
TALLAHASSEE, FL

(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)

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 June 1, 2024

Signature of a member

Signature of a member or authorized representative of a member

Maria C Basulto

Typed or printed name of signee

Filing Fee: \$25.00