

L17000/26312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

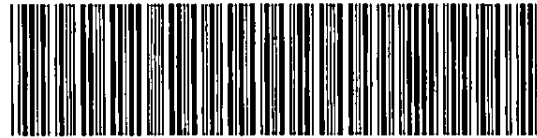
(Business Entity Name)

(Document Number)

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S. WARREN

AUG 18 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MI PUEBLO # 3 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:

FAUSTO ALVAREZ

\_\_\_\_\_  
Name of Person

MI PUEBLO # 3 LLC

\_\_\_\_\_  
Firm/Company

9825 SAN JOSE BLVD SUIT 20-21

\_\_\_\_\_  
Address

JACKSONVILLE, FL, 32257

\_\_\_\_\_  
City/State and Zip Code

MIPUEBLOMARKET@HOTMAIL.COM

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

For further information concerning this matter, please call:

FAUSTO ALVAREZ

954 744-6851  
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



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	CARLOS ALMEIDA	9825 SAN JOSE BLVD SUIT 20-21	<input type="checkbox"/> Add
		JACKSONVILLE, FL, 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCELLO ALMEIDA	9825 SAN JOSE BLVD SUIT 20-21	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL, 32257	<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"/> Remove
			<input type="checkbox"/> Change

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**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 AGUST 08

2017

2017

Signature of a member or authorized representative of a member

MARcello Almeida

Typed or printed name of signee

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