

L17000152444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

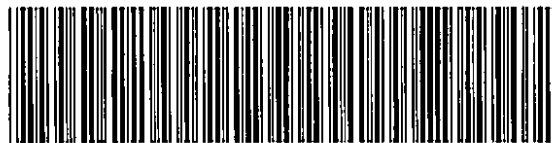
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2018 SEP 19 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
SEP 19 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

ANDRES J. HERNANDEZ
1162 SW 120 WAY
DAVIE, FL 33325

SUBJECT: VAPIX PHOTOGRAPHY LLC
Ref. Number: L17000152444

We have received your document for VAPIX PHOTOGRAPHY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 718A00018754

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DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vapix Photography 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:

Andres J. Hernandez

Name of Person

Firm/Company

1162 SW 120 Way

Address

Davie, FL 33325

City/State and Zip Code

andr3s.j@gmail.com

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

For further information concerning this matter, please call:

Andres J Hernandez

786 299-6581

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

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2010 SEP 19 PM 2:30

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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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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2018 SEP 19 PM 2:50
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STATE OF MISSISSIPPI
TALLAHASSEE, FLORIDA

SAVED BY THE LORD
FROM THE POWER OF
THE DEAD

2016 SEP 19 PM 2:58

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(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

Signature of a member or authorized representative of a member

Andres J. Hernandez

Typed or printed name of signee