

L17000193824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

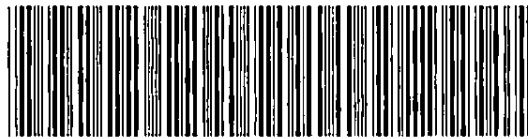
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
SEP 20 2017

Ambar Olivarez

Notre LLC

Document Number: 170829084600-000303053380

1434 SE 13th Street
Cape Coral, Florida 33990-6733

(323) 972-0258

email: bookings@thenotre.org

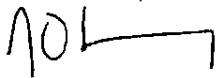
Brief Explanation

September 17, 2016

Good afternoon.

I made an error in my former application. As the person filling out the form I assumed I was the sole proprietor opening the business, authorizing the person (Ingrid Ramos, my mom) to manage my business. I essentially opened a business for my mom. However, I'd like to remove her name and correct that I am the sole proprietor of Notre LLC. The amended form is attached. Thank you!

Onward,
Ambar Olivarez



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Notre 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:

Ambar Olivarez

Name of Person

Notre LLC

Firm/Company

1434 SE 13th ST

Address

Cape Coral, FL 33990

City/State and Zip Code

bookings@thenotre.org

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

For further information concerning this matter, please call:

_____ 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>
MGR	Ingrid Ramos	1434 SE 13th ST	<input type="checkbox"/> Add
		Cape Coral, FL 33990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ambar Olivarez	1434 SE 13th ST	<input checked="" type="checkbox"/> Add
	Business Owner	Cape Coral, FL 33990	<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

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 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE

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 September 17, 2017

AOL

Signature of a member or authorized representative of a member

Ambar Olivarez

Typed or printed name of signee