

L17000186351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

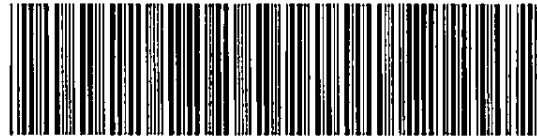
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
HALL COUNTY, OHIO

K. SALY  
SEP - 7 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MODERATO FRANCHISING 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:

SILVANO BUTTACI

Name of Person

MODERATO FRANCHISING LLC

Firm/Company

7300 N KENDALL DRIVE SUITE 780

Address

MIAMI FL 33156

City/State and Zip Code

accountant@aseconllc.com

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

For further information concerning this matter, please call:

ALBA SOFIA DONEYES

305 3450415  
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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CLERK OF THE  
COURT  
TALLAHASSEE, FLORIDA  
(ds.)

(Name of the Limited Liability Company as it now appears on our records.)  
 || (A Florida Limited Liability Company)

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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TALLAHASSEE, FLORIDA

**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.

Dated August 31, 2017

*Silvano Butta*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

SILVANO BUTTACI

Typed or printed name of signee