

L17000189328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

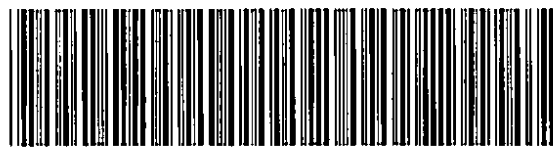
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 15 PM 2:22

N. COOPER

AUG 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KERDECORA 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:

MARTA PEÑA
Name of Person

Kerdecora LLC
Firm/Company

3281 NW 78 Ave
Address

miami FL 33122
City/State and Zip Code

mpeña@Kertiles.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTA PEÑA at (305) 477-0096 X 1012
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

KERN CORA LLC

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FIELD
SECRETARY OF STATE
DIVISION OF CORPORATION
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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>
MGRM	XODOS management INC		<input type="checkbox"/> Add
		3281 NW 78 AVE	<input checked="" type="checkbox"/> Remove
		miami FL 33122	<input type="checkbox"/> Change
MGRM	XODOS management LLC		<input checked="" type="checkbox"/> Add
		3281 NW 78 AVE	<input type="checkbox"/> Remove
		miami FL 33122	<input type="checkbox"/> Change
MGRM	SEBAS ENTERPRISES LLC		<input checked="" type="checkbox"/> Add
		PO BOX 141566	<input type="checkbox"/> Remove
		Coral Gables, FL 33114	<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

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

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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 August 13, 2018

Signature of a member or authorized representative of a member

Fernando Jimenez

Typed or printed name of signee