

217 000 189 682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

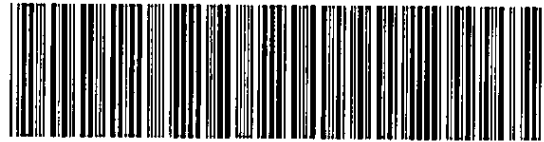
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/11/2021
JH

Office Use Only



400373375614

09/23/21--01010--001 **25.00

FILED
2021 SEP 23 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BANCORITA 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:

Rita Rodriguez

Name of Person

BANCORITA LLC

Firm/Company

605 LINCON ROAD, UNIT 215

Address

MIAMI, FL 33139

City/State and Zip Code

rrodriguez.rita@gmail.com

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

For further information concerning this matter, please call:

Mark S. Grand, Esq.

954

989-2889

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 32304

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
1000 North Florida Avenue
Tallahassee, FL 32304

FILED

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


If Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 Sept 13, 2021



Signature of a member or authorized representative of a member

INO HALEGUA

Typed or printed name of signee