

L17000198335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

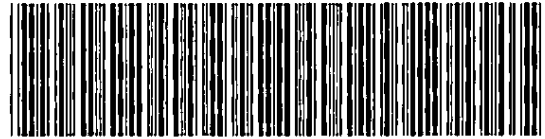
(Business Entity Name)

(Document Number)

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FILED  
OCT 10 2011  
T. LEMUEX  
SEP 14 8:00  
ST. LOUIS, MO

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CORDERO TAX TEAM 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:

SAMMY D CORDERO

\_\_\_\_\_  
Name of Person

CORDERO TAX TEAM LLC

\_\_\_\_\_  
Firm/Company

10691 N KENDALL DRIVE SUITE 305

\_\_\_\_\_  
Address

MIAMI FL 33176

\_\_\_\_\_  
City/State and Zip Code

CORDEROTAXTEAM@GMAIL.COM

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

For further information concerning this matter, please call:

SAMMY D CORDERO

305

528-6536

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_)\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CORDERO TAX TEAM LLC

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[illegible]

(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 AUGUST 19, 2020

Goodman  
Signature of a member or authorized representative of a member

ZONIA M COMAS

Typed or printed name of signee

**Filing Fee: \$25.00**