

L18000017859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BPRINT RE SPV, 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:

Isabella Santos

Name of Person

AR Plastics, LLC

Firm/Company

21500 Biscayne Blvd., Suite 700

Address

Aventura, FL 33180

City/State and Zip Code

arplasticsllc@gmail.com

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

For further information concerning this matter, please call:

Isabella Santos

305 560-5238
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>
			☐ Add
			☐ Remove
			☐ Change
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[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)

(b) The 90th day after the record is filed.



Raphael Ades - AR Plastics, LLC

Typed or printed name of signee

2018 FEB -1
FRI 27/3