

L18000034326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

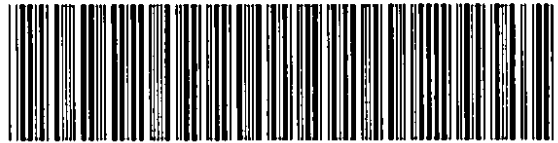
(Business Entity Name)

(Document Number)

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R. WHITE

DEC 21 2018

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 DEC 13 PM 1:09

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WILLIE'S MONSTER SHIRTS 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:

WILBERTO LOPEZ ARROYO

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

WILLIE'S MONSTER SHIRTS LLC

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

14001 SANCTUARY CREEK WAY

\_\_\_\_\_  
Address

ORLANDO FL 32832

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

epaprof@msn.com

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

For further information concerning this matter, please call:

WILBERTO LOPEZ ARROYO

787 487-7596  
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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records.)  
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SECRETARY OF STATE  
TALLAHASSEE and assigned

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>
AMBR	IRIS M MOJICA	14001 SANCTUARY CREEK WAY ORLANDO FL 32832	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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• JUST ADD A MEMBER

This image shows a single sheet of white paper with horizontal 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.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

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

Dated DECEMBER 11 2018

*W Lopez*  
Signature of a member of the

Signature of a member or authorized representative of a member

WILBERTO LOPEZ ARROYO

Typed or printed name of signee