

L18000037581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

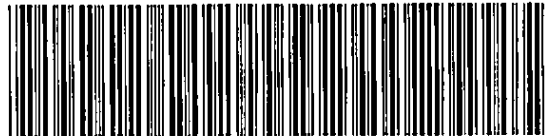
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 FEB 26 PM 7:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SABOR A SAL 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:

MARIA LEON

Name of Person

SABOR A SAL LLC

Firm/Company

2525 SW 3RD AVE APT 1601

Address

MIAMI, FL 33129

City/State and Zip Code

saborasaltdb@gmail.com

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

For further information concerning this matter, please call:

MARIA LEON

954

812-3707

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>
MGR	MILAGROS TORIELLO	KM 13.5 CARR A EL SALVADOR	<input type="checkbox"/> Add
		CONDO LAS LUCES, CIUDAD	<input checked="" type="checkbox"/> Remove
		DE GUATEMALA, GT 01009 GT	<input type="checkbox"/> Change
MGR	ALEJANDRA BRICENO	4650 NW 97TH PLACE	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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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18 FEB 28 PM 7:50

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 FEBRUARY, 20th 2018

[Signature]
Signature of a member or author

Signature of a member or authorized representative of a member

MARIA LEON

Typed or printed name of signee