

L18000040225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

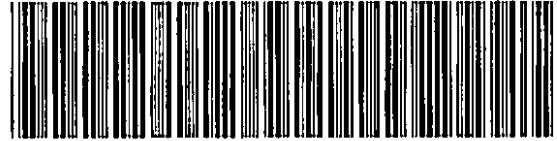
(Business Entity Name)

(Document Number)

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2021 MAY 19 PM 2:15

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUTACHY 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:

HUGO DAVILA

Name of Person

SUTACHY LLC

Firm/Company

851 NE 1ST AVE UNIT 1507

Address

MIAMI, FL 33132

City/State and Zip Code

peter-financial@hotmail.com

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

For further information concerning this matter, please call:

HUGO DAVILA

786 630-8777

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 Address:

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

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SUTACHY LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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2021 MAY 19 PM 2:16
FBI - MEMPHIS

(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)

Dated MAY 01 2021

X

Signature of a member or authorized representative of a member

HUGO DAVILA

Typed or printed name of signee

Filing Fee: \$25.00