

L18000087259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

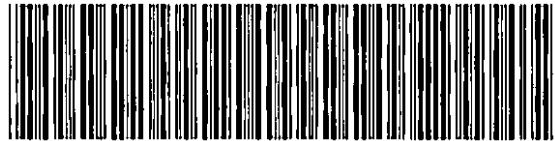
(Business Entity Name)

(Document Number)

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22
18 JUN 25 PM 1:30

N COOPER

JUN 25 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cinco 1 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:

Michael Quatrini

Name of Person

Cinco 1 LLC

Firm/Company

140 N Orlando Avenue

Address

Winter Park, FL 32789

City/State and Zip Code

mquatrini@quatrini.org

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

For further information concerning this matter, please call:

Michael Quatrini

407
at ()

967-6408

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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SECRET
FEDERAL BUREAU OF INVESTIGATION
DIVISION OF CONSPIRACY
18 JUN 25 PM 1:30

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	Greg Pranzo	140 N Orlando Avenue	<input type="checkbox"/> Add
		Orlando FL 32803	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Michael Quatrini	140 N Orlando Avenue	<input checked="" type="checkbox"/> Add
		Orlando FL 32803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Quatrini Family Office LLC		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mario Lopez		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF ARMY
DIVISION OF CORPORATION

E. Effective date, if other than the date of filing: 06/20/2018 (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 June 6

2018

Signature of a member of the _____

Michael Quatrini

Typed or printed name of signee

SECRETARY OF DEFENSE
DIVISION OF CONSTRUCTION
18 JUN 25 PM 1:30