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2024 MAY 15 PM 3:00
FILED
JUN 2 11

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: XHUNCA HIGH SPIRITS INTERNATIONAL 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:

MARTHA T MARTINEZ

Name of Person

Firm/Company

4003 FARNHAM N

Address

DEERFIELD BEACH , FL 33442

City/State and Zip Code

TLAUHMTZ@GMAIL.COM

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

For further information concerning this matter, please call:

MARTHA MARTINEZ ALIX

Name of Person

at (954) 609-4570

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

2024 MAY 15 PM 3:00

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)


If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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.

(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)

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 May 07, 2024.

Signature of a member or authorized representative of a member

 Typed or printed name of signer

Filing Fee: \$25.00