

L18000112372

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(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 11, 2019  
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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: GAROMA MAYVA, 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:

JACQUELINE A. SALCINES, ESQ.

Name of Person

JACQUELINE A. SALCINES, PA

Firm/Company

706 S DIXIE HIGHWAY 2ND FLOOR

Address

CORAL GABLES, FL 33146

City/State and Zip Code

J.SALCINES@SALCINESLAW.COM

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

For further information concerning this matter, please call:

JACQUELINE SALCINES

Name of Person

at 305 6695280

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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**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.

Dated MAY 14, 2019

Signature of a member of the

Signature of a member or authorized representative of a member

MANUEL I. FERNANDEZ

Typed or printed name of signee