

L18000 116461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAY 21 AM 10:26

N COOPER

MAY 22 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADBD ENTERPRISE 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:

ARMANDO DE LEON

Name of Person

Firm/Company

Address

14939 SW 59TH ST

City/State and Zip Code

MIAMI, FL. 33193

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

For further information concerning this matter, please call:

ARMANDO DE LEON

305 801-3784  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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>
AMBR	ARMANDO DE ELON	14939 SW 59TH ST	<input type="checkbox"/> Add
		MIAMI, FL. 33193	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARMANDO DE LEON	14939 SW 59TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33193	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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18 MAY 21 AM ID: 26

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(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

x 05/16/18

Signature of a member or authorized representative of a member

Armando De Leon

Typed or printed name of signee