

L18000138255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

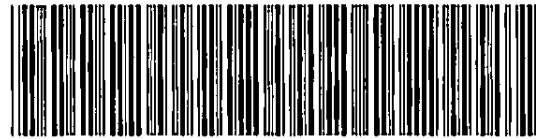
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A. Estewitz 9/24/18
[Signature]

Office Use Only



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FILED
2018 SEP 14 PM 6:05
SECRETARY OF STATE
CLERK ANDREW P. GIBBS

M. MILLIGAN
SEP 24 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2018

MIGUEL A HURTADO
10855 SW 42ND ST
MIAMI, FL 33165

SUBJECT: MIGUEL HURTADO CLOWNFISH USA, LLC
Ref. Number: L18000138255

We have received your document for MIGUEL HURTADO CLOWNFISH USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

The correct document number for your entity is #L18000138255.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 818A00018270

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIGUEL HURTADO CLOWNFISH USA, 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:

MIGUEL A HURTADO

Name of Person

Miguel Hurtado

Firm/Company

10855 SW 42ND STREET

Address

MIAMI, FL 33165

City/State and Zip Code

ACOSTAESTEVEZACCT@GMAIL.COM

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

For further information concerning this matter, please call:

MIGUEL A HURTADO

305

586-6533

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2010 JUN 14 AM 10:34

2008 SEP 14 PM 6:05
SECRETARY OF STATE
U.S. DEPARTMENT OF STATE
(S.)

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Enter Florida street address

, Florida

Civ

Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>
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E. Effective date, if other than the date of filing: _____ (optional)

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 SEPTEMBER/12 2018

Signature of a member or authorized

Signature of a member or authorized representative of a member

Typed or printed name of signee

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SECURITY OF STATE
WASHINGTON DC

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