

L18000 147836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

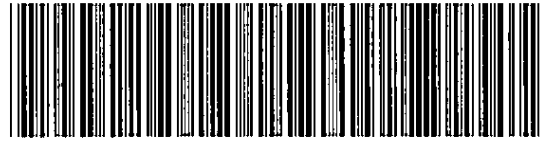
(Business Entity Name)

(Document Number)

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R. WHITE

OCT 10 2019

2019 OCT 25 PM 4:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPIO ARTS 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:

ARTURO ROJAS
Name of Person

TECNORAVIA INT'L. CORP.
Firm/Company

220 ALHAMBRA CIRCLE, STE. 400
Address

CORAL GABLES, FL. 33134
City/State and Zip Code

Tecnoravia@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTURO ROJAS at (305) 579-0258
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

10

2019 SEP 25 PM 4:17

(A Florida Limited Liability Company)

N/A

N/A

If Changing Registered Agent, Signature of New Registered Agent

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	CAROLINA CAMERO FIDALGO	190 Island Dr.	<input checked="" type="checkbox"/> Add
		KEY BISCAVNE, FL.	<input type="checkbox"/> Remove
		33149	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (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 MIAMI SEPT. 18, 2019

Signature of a member or authorized representative of a member

ARTURO ROJAS

Typed or printed name of signee