

U8000152010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

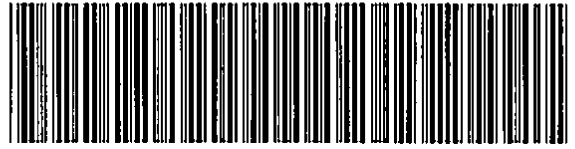
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 FEB 25 PM 12:04
TALLAHASSEE, FLORIDA

FEB 26 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2019

SONNIA LLAGUNO
GREENTOP STUDIO LLC
16872 SW 142 CT
MIAMI, FL 33177

SUBJECT: GREENTOP STUDIO LLC
Ref. Number: L18000152010

We have received your document for GREENTOP STUDIO LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 319A00002858

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SECURITY SERVICES, FL
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREENTOP STUDIO 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:

SONNIA LLAGUNO
Name of Person
GREENTOP STUDIO LLC
Firm/Company
16872 SW 142 CT
Address
MIAMI, FL 33177
City/State and Zip Code
SONNIAUSA@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

2019 FFB-4 PM 10:52

For further information concerning this matter, please call:

SONNIA LLAGUNO at (305) 6132140
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

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>
TREAS	JORDAN CHAVEZ	16872 SW 142 CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33177	<input type="checkbox"/> Remove
			<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

Multiple horizontal lines for amending information.

01/31/2019

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 January 30, 2019

Handwritten signature of Sonnia Llaguno

Signature of a member or authorized representative of a member

SONNIA LLAGUNO

Typed or printed name of signee