

L18000186658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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*Amend*

FILED  
REGISTRY OF STATE  
CORPORATION  
19 SEP -11 AM 11:12

SEP 07 2018  
D CUSHING

LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mentesi III LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karolina Torres  
Name of Person  
KTorres Services Corp  
Firm/Company  
600 S Federal Hwy Ste 207  
Address  
Deerfield Beach, FL 33441  
City/State and Zip Code  
Ktorres@Ktorreservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karolina Torres at ( 561 ) 562-0814  
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

18 SEP -6 AM 11:12  
OFFICE OF STATE  
CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2018

KAROLINA TORRES  
KTORRES SERVICES CORP  
600 S FEDERAL HWY, STE 207  
DEERFIELD BEACH, FL 33441

SUBJECT: MONTESI III LLC  
Ref. Number: L18000186658

We have received your document for MONTESI III LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 618A00017424

RECEIVED  
18 SEP -6 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

MAILED 14 SEP 1960  
U.S. AIR FORCE  
14 SEP - 4 AM 11: 12

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>
AMBR	Patricia Montesi Ferreira	2592 Carambola Cir N	<input checked="" type="checkbox"/> Add
		Coconut Creek, FL 33066	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Fernanda Montesi Ferreira	2592 Carambola Cir N	<input checked="" type="checkbox"/> Add
		Coconut Creek, FL 33066	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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:

Dated August 14<sup>th</sup> 2013

Diva Montesi da Silva  
Signature of a member or authorized representative of a member

Diva Montesi da Silva  
Typed or printed name of signee