

**LIB000259257**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

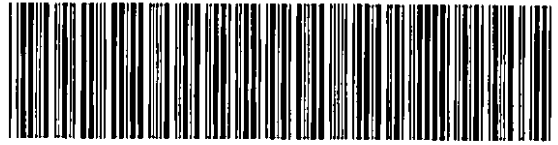
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/11/19--01018--027 \*\*25.00

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1/11/19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MUNDOCAR MIAMI 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:

PRISCILLA GONZALEZ

Name of Person

Firm/Company

4638 SANTA BARABARA BLVD #2

Address

CAPE CORAL, FL 33914

City/State and Zip Code

FIERCECONSULTINGMIAMI@GMAIL.COM

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

For further information concerning this matter, please call:

PRISCILLA GONZALEZ

305 853-6475  
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

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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>
MGR	ANGEL HERNANDEZ	4970 SW 52 STREET BAY 319	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33314	<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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2019 JAN 11 12:00 PM  
DAVIE, FL 33314

2018 JAN 11 A 23 51  
CALIFORNIA

2009 JAN 11 A 25  
 2009 JAN 11 A 25  
 2009 JAN 11 A 25

(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)

Dated **DECEMBER 18**

2018  
Signature of a member or authorized representative of a me  
ZALEZ

Typed or printed name of signee