

L18000277362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

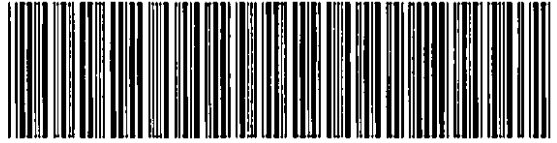
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 10 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JHS
1-16-19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALVAREZ/MICHELETTI FAMILY 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:

Claude R. Moulton

Name of Person

Moulton Bosshardt, LLC

Firm/Company

235 West 5th Street

Address

Jacksonville, FL 32206

City/State and Zip Code

claude@mblawoffices.com

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

For further information concerning this matter, please call:

Claude R. Moulton

904

349-6822

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

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>
MGR	Bertrand J. Heuser, Jr.		<input type="checkbox"/> Add
		1498 W. Hwy 318 Williston, FL 32696	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dr. Luis Alvarez	1498 W. Hwy 318 Williston, FL 32696	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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(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:

(b) The 90th day after the record is filed.

Dated January 8 2019

January 8, 2019



Signature of a member or author

Signature of a member or authorized representative of a member

Claude R. Moulton

Typed or printed name of signee