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(City/State/Zip/Phone #)					
(Only/Otate/Zip/: Hone #)					
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COVER LETTER

Division of Corp	orations				
OK1015 LI	.C				
SUBJECT:	Name of Limit	ted Liability Company			
	Amendment and fee(s) are subr				
Please return all correspon	ndence concerning this matter t	to the following:			
	Erik Lichter, Esq.				
Name of Person					
	Acosta & Lichter P.A.				
		Firm/Company			
5805 Blue Lagoon Drive, Suite 165					
	Miami, Florida 33126	Address		2019 APR 25 SECRETAR FALL/SHASS	ĭ
		City/State and Zip Code			FILED
	E-mail address: (to be used for future annual report notifica	tion)		
For further information co	oncerning this matter, please ca	all:		9: 5 3 (4.1 3 (4.1	
Erik Lichter		305 982-7886		_ ^ -	
Name o	f Person	at () Area Code Daytime T	elephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

Registration Section

TO:

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> Fitle</u>	<u>Name</u>	Address		Type of Action
MGR	Karina Olivier	1015 W 47 STREET		
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		Miami Beach, Florida 33140		
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