L1900074314

	Requestor's Name)
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PICK-UP	WAIT MAIL
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((Document Number)
Certified Copies	Certificates of Status
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	Office Use Only



11/13/23--01023--012 ++30.00

23 MCV 13 AH 3: 20

COVER LETTER

TO: Registration Section **Division of Corpellations** SUBJECT: 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:



For further info: mation concerning this matter, please call:

Echemendia at (786) 973-8607 Area Code Daytime Telephone Number Jessica

Enclosed is a check for the following amount:

□ S25.00 Filing Fee

• • •

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tal¹ahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 If amendin/, Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name		<u>ddress</u>	Type of Action
MLeiz	MARGANETO	Vuara_	VIOSNW 144 TERRACE MEANT LOLLES, EL 33014	
		_		🗆 Remove
		_	<u></u>	□Change
MUR dacque	dacquetine	<u>Concepczov</u>	on 14234 NW 92nd, Manne Lakes, FL 33016	
				🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

	YOURN DER, 3	
Dated		
	+ Q Echak	
	Signature of a member or authorized representative of a member	
	Jessica Echemandia	
	Typed or printed name of signee	