

L19000079984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

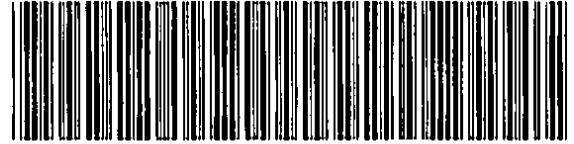
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100327514701

04/12/19--01021--016 **25.00

FILED

2019 APR 12 AM 10:51

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

C GOLDEN

APR 22 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWENTY - FLOOR 7
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:

CESAR GONZALEZ
Name of Person

TWENTY - FLOOR 7
Firm/Company

6687 FESTIVAL LN
Address

ORLANDO FL 32818
City/State and Zip Code

C. GONZALEZ.INSTALL@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR GONZALEZ at (407) 271-2883
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

FILED

TWENTY-FLOOR 7 LLC

1871

TINENTY FLOOR 7 LLC

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	CESAR GONZALEZ	6687 FESTIVAL LN	<input type="checkbox"/> Add
		ORLANDO FL, 32818	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ORFA HERNANDEZ	6687 FESTIVAL LN	<input type="checkbox"/> Add
		ORLANDO FL 32818	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

CH₂

Cesar Gonzalez

Typed or printed name of signee