

L19000114358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

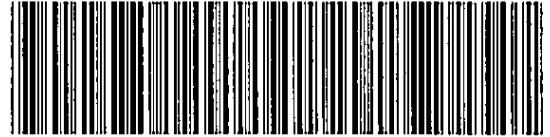
(Business Entity Name)

(Document Number)

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2019 JUN 18 PM 4:50

Amend

JUN 18 2019

ALBANY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMOOTH TRAVELS BY MORY, 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:

MORAYMA A DEL ROSARIO

Name of Person

SMOOTH TRAVELS BY MORY, LLC

Firm/Company

10801 NW 7 STREET APT 14

Address

MIAMI, FL 33172

City/State and Zip Code

MORYAMIR67@GMAIL.COM

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

For further information concerning this matter, please call:

MORAYMA A DEL ROSARIO

786 201-8045
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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	MORAYMA A DEL ROSARIO	10801 NW 7 STREET APT 14 MIAMI, FL 33172	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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) **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.

Dated 5/24/ 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee