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(Requestor's Name)

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(City/State/Zip/Phone #)

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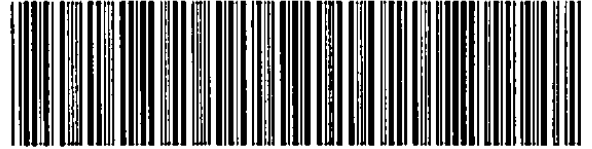
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

OCT 21 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

OPCION YO LLC

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:

Marina Riess

Name of Person

Firm/Company

20201 East Country Club Drive 2307

Address

Aventura Florida 33180

City/State and Zip Code

Marianamg01@icloud.com

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

For further information concerning this matter, please call:

Mariana Morales

Name of Person

at (**561**)

Area Code

3160061

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

OPCION YO LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
_____	_____	_____	<input type="checkbox"/> Add
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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 September 23, 2019

Mariana Morales

Filing Fee: \$25.00