

L19 000164108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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OCT 31 2019

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DISTRIBUIDORA MIA MARKET 33, 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:

MAURO SCATTOLINI

\_\_\_\_\_  
Name of Person

C&M CPA, LLC

\_\_\_\_\_  
Firm/Company

175 SW 7TH ST SUITE 1509

\_\_\_\_\_  
Address

MIAMI, FL. 33130

\_\_\_\_\_  
City/State and Zip Code

MAURO@CANDMCOPA.COM

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

For further information concerning this matter, please call:

MAURO SCATTOLINI

305 517-3791  
at ( )

\_\_\_\_\_  
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

**RECEIVED**

SEP 27 2019

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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	ORTEGA, WLADIMIR	8385 NW 68TH ST	<input type="checkbox"/> Add
		MIAMI, FL. 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FELIZOLA, REINALDO G	8385 NW 68TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated September 24<sup>th</sup> 2019

Reinaldo Felizola

Signature of a member or authorized representative of a member

FELIZOLA HERNANDEZ, REINALDO GUILLERMO

Typed or printed name of signee