## L1900017-9575

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Special Instructions to Filing Officer:			
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	Division of Corporations		

## M2BPENS FLORIDA 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:

EMMANUEL CALTAGIRONE

Name of Person

M2BPENS FLORIDA LLC

Firm/Company

20355 NE 34 CT APT 227

Address

MIAMI FL 33180

City/State and Zip Code	•
manudaky@aol.com	•
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	• - -

EMMANUEL CALTAGIRONE 305 8125423

Name of Person

\_ at (\_\_\_\_\_). Area Code

Enclosed is a check for the following amount:

S25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

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

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ELIZABETH AYOUB	20225 NE 34 CT APT 1515 MIAMI FL 33180	🖹 Add
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