

L19000189724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

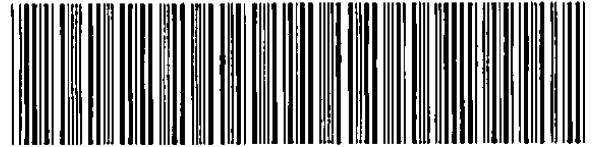
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/30/19--01008---006 **35.00

FILED
2019 NOV -4 AM 9:19
TALLAHASSEE, FL

NOV 05 2019

C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2019

JESUS TOLEDO
1125 NE 125TH ST STE 300-5
NORTH MIAMI, FL 33161

SUBJECT: 8020REI LLC
Ref. Number: L19000189724

We have received your document for 8020REI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 319A00021184

2019 OCT 15 10:01 AM
1125 NE 125TH ST STE 300-5
NORTH MIAMI, FL 33161

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 80ZOREI 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:

JESUS TOLEDO
Name of Person

80ZOREI LLC
Firm/Company

1125 NE 125TH ST STE 300-5
Address

NORTH MIAMI, FL 33161
City/State and Zip Code

JESUS@FIDELITYGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS TOLEDO at (305) 509 4052
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

8020REI 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 Acti</u>
<u>MBR</u>	<u>JESUS TOLEDO</u>	<u>1125 NE 125TH ST #300-5</u>	<input type="checkbox"/> Add
		<u>NORTH MIAMI, FL 33161</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MBR</u>	<u>FELIPE BOSSANS</u>	<u>1125 NE 125TH ST #300-5</u>	<input type="checkbox"/> Add
		<u>NORTH MIAMI, FL 33161</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[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) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

FELIPE BOSSANS

Typed or printed name of signee