

L19000238665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

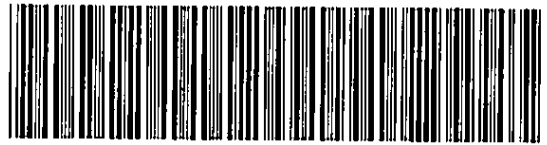
(Business Entity Name)

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JS  
(6/2/21)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EGOAVIL SALAS & VELOSO PLLC

\_\_\_\_\_  
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:

LALINE CONCEPCION VELOSO

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

VELEGAL PLLC

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

2525 PONCE DE LEON BOULVERAD SUITE 300

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

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

LVELOSO@EKSLEGAL.COM

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

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CLERK  
TALLAHASSEE, FL

For further information concerning this matter, please call:

LALINE CONCEPCION VELOSO

305 818-9993

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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



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>
AMBR	AUGUSTO EGOAVIL	2525 PONCE DE LEON BOULEVARD, SUITE 300	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EULALIA SALAS	2525 PONCE DE LEON BOULEVARD, SUITE 300	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2020 JUN 11 PM 4:05  
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 CLERK OF THE  
 DISTRICT COURT  
 MIAMI, FL

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07 JUN - 1 PM 2:05

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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 May 24 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**