

L19000260971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

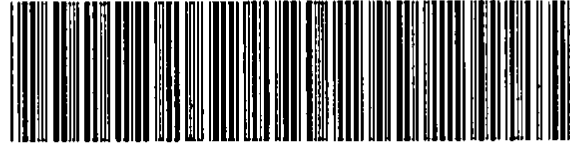
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Sec. of State
TALLAHASSEE, FL

1014

COVER LETTER

D): **Registration Section**
Division of Corporations

SUBJECT: IsthmeFlip 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:

FRANCISCO KELLY
Name of Person

IsthmeFlip LLC
Firm/Company

900 Biscayne Blvd
Address

MIAMI, FL, 33132
City/State and Zip Code

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

For further information concerning this matter, please call:

FRANCISCO KELLY at (754) 226-3488
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

removed from our records:

GR = Manager
ABR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	FRANCISCO KELLY	900 Biscayne Blvd Miami	<input checked="" type="checkbox"/> Add
		FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	GEORGE ALMBIDA	900 Biscayne Blvd	<input checked="" type="checkbox"/> Add
		Miami FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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