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10/13/20--01013--007 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E SAVE 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:

VICENTE NAVARRETE FLORES

Name of Person

E SAVE LLC

Firm/Company

10690 SW 24TH STREEET

Address

MIAMI, FL 33165

City/State and Zip Code

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

For further information concerning this matter, please call:

VICENTE NAVARRETE FLORES

at (01152) 55-85319833

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 &
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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	DIANA RODRIGUEZ OROZCO	BOSQUE DE CAPULINES 36	<input type="checkbox"/> Add
		COL. BOSQUES DE LAS LOMAS	<input type="checkbox"/> Remove
		DELG. MIGUEL HIDALGO CDMX 11700 MEXICO	<input checked="" type="checkbox"/> Change
AMBR	VICENTE NAVARRETE FLORES	BOSQUE DE CAPULINES 36	<input type="checkbox"/> Add
		COL. BOSQUES DE LAS LOMAS	<input type="checkbox"/> Remove
		DELG. MIGUEL HIDALGO CDMX 11700 MEXICO	<input checked="" 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"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AUTHORIZE MEMBERS PARTICIPATION AND DISTRIBUTION

AMBR- DIANA RODRIGUEZ OROZCO 50%

AMBR-VICENTE NAVARRETE FLORES 50%

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October, 6, 2020

Signature of a member or authorized representative of a member

VICENTE NAVARRETE FLORES

Typed or printed name of signee