

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TAX PREPARER @ LARSON ACC . COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIBEXAV US, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIBEXAV US, 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING GROUP

Firm/Company

7901 KINGSPONTE PKWY STE 17

Address

ORLANDO, FLORIDA, 32819

City/State and Zip Code

TAXPREPARER@LARSONACC.COM

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

For further information concerning this matter, please call:

CAROLINE LARSON

407 370-3686

at ()

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 Address:

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

Doc ID: 72cb36f5c7085cedb4a057b6ef4446b3e215db47

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	ANDREIA HANKE	801 BRICKELL AVENUE STE 900	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA, 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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