

L19000303949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

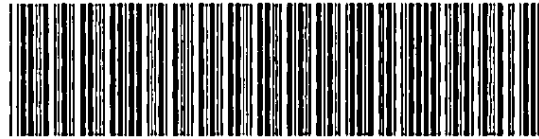
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200354004472

10/27/20--01026--009 **30.00

FILED
2020 OCT 27 AM 10:44
SECRETARY OF STATE
TALLAHASSEE

24-
1-5/20

COVER LETTER

Registration Section
Division of Corporations

OBJECT: BLAKE TRENT & BROCK LLC

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALTAGRACIA SALAS

Name of Person
SOUTH FLORIDA CPA FINANCIAL, INC.

Firm/Company
12555 ORANGE DRIVE SUITE 116

Address
DAVIE, FL 33330

City/State and Zip Code
asalas@sfcpafinancial.com

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

For further information concerning this matter, please call:

ALTAGRACIA SALAS 954 862-1733

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

ה
ה
ה
כ

Person(s) authorized to manage, enter the title, name, and address of each person being added

Records:

Manager
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DAVID MARCONI	2200 NE 32ND AVENUE	<input checked="" type="checkbox"/> Add
	FT LAUDERDALE FL 33305	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 (015 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 19 , 2020



Signature of a member or authorized representative of a member

BLAKE MARCONI

Typed or printed name of signer

Filing Fee: \$25.00