

120 0000 23685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

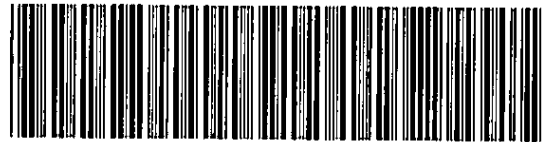
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CIBAO REAL ESTATE 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:

Sarash Felipe

Name of Person

Cibao Real Estate, LLC

Firm/Company

7829 NW 116 Pl

Address

Doral, FL 33178

City/State and Zip Code

dra.sarahfelipe@gmail.com

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

For further information concerning this matter, please call:

Frank Beltre

Name of Person

at (**954**) **801-7669**

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
Tallahassee, FL 32314

November 9, 2020

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

I would like to request for the name of Sarah A Felipe to be changed to the name as it appears on my ID, Sarah Awilda Felipe Gonzalez as requested by my financial institution, Wells Fargo.

Should you have any questions or comments, please contact Frank Beltre at 954-801-7669.

Thank you,

Sarah Awilda Felipe Gonzalez
7829 NW 116 Pl, Doral, FL 33178
dra.sarahfelipe@gmail.com

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> |
|--------------|-------------------------------------|----------------|--|
| <u>MGR</u> | <u>SARAH AWILDA FELIPE GONZALEZ</u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input checked="" type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Skipa

SARAH AWILDA FELIPE GONZALEZ

Typed or printed name of signee