

L20000029734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

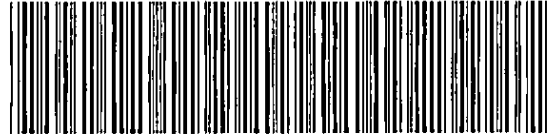
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TALLAHASSEE, FLORIDA

TS
MAR 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lechonera Villa/Beña 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:

Pedro A. Rivera
Name of Person

Rivera & Associates Inc.
Firm/Company

2641 Dixie Ln
Address

Kissimmee FL 34744
City/State and Zip Code

privsep@fkhoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pedro Rivera at (407) 350-2556
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

4(1)

☐ \$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

Lechonera Villa/bena LLC

(A Florida Limited Liability Company)

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

Title	Name	Address	Type of Action
MGR	Hector Casiano	2783 S Orange Blossom Trail	<input checked="" type="checkbox"/> Add
		Assinnee, FL 34744.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Madelin Gomez-Casiano	2783 S Orange Blossom Trail	<input type="checkbox"/> Add
		Assinnee, FL 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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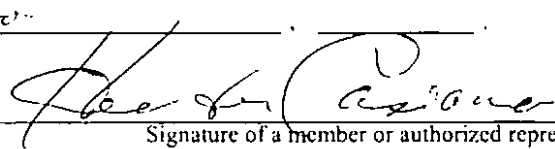
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Remove
Change
Add

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

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CLERK OF SUPERIOR COURT
IDAHO

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 3/12/20


Signature of a member or authorized representative of a member

Heather Casiano

Typed or printed name of signee