

K20 0000038708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

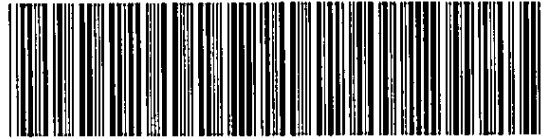
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900360786419

03/01/21--01032--014 **25.00

4

FILED

2021 MAR -1 A 8:21

FILED
MAR 1 2021
CLERK OF COURT
JANUARY 11, 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aerospace Pneudraulics 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:

Karen Galeas

Name of Person

Aerospace Pneudraulics LLC

Firm/Company

28715 SW 132 AVE Ste# 132

Address

Homestead, FL 33033

City/State and Zip Code

contact@aerospacepneu.com

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

For further information concerning this matter, please call:

Karen Galeas

305

815-8409

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:

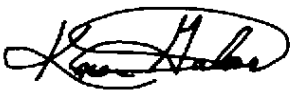



Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 210
Tallahassee, FL 32310

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>
AMR	Karen Galeas	28715 SW 132nd AVE	<input type="checkbox"/> Add
		Ste # 132	<input type="checkbox"/> Remove
		Homestead, FL 33033	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rafael Mata	28144 SW 129th CT	<input type="checkbox"/> Add
		Homestead, FL 33033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rhonny Salgado	11930 SW 175Th ST	<input type="checkbox"/> Add 
		Miami, FL 33177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2021 MAR -11
 11:11 AM
 A
 21

D. If amending 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 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 February 21, 2021

Signature of a member or authorized representative of a member

Karen Galeas

Typed or printed name of signee

Filing Fee: \$25.00