

5/26/2020

Division of Corporations

# L200000156090721

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H20000156090721

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

From:  
Account Name : E & F LATIN GROUP LLC  
Account Number : I20160000049  
Phone : (954)384-8565  
Fax Number : (954)385-5175

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

Email Address: diego@eflatinaccounting.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONFINES LLC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help O SIMMONS  
MAY 27 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONFINES 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:

DIEGO FIGUEROA

Name of Person

E & F LATIN GROUP LLC

Firm/Company

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON, FL 33326

City/State and Zip Code

DIEGO@EFLATINACCOUNTING.COM

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

For further information concerning this matter, please call:

DIEGO FIGUEROA

954

384 8565

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

2020 MAY 26 AM 10:32

(Name of the Limited Liability Company as it now appears on our records.)  
(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

2020 MAY 26 AM 10:32

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAVIER OYANEDEL	2665 EXECUTIVE PARK DRIVE SUITE 2	<input checked="" type="checkbox"/> Add
		WESTON, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OYANADRI, JAVIER	2665 EXECUTIVE PARK DRIVE SUITE 2	<input type="checkbox"/> Add
		WESTON, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUTH CARRASCO, ESMERALD	2665 EXECUTIVE PARK DRIVE SUITE 2	<input type="checkbox"/> Add
		WESTON, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ESMERALDA R. CARRASCO	2665 EXECUTIVE PARK DRIVE SUITE 2	<input checked="" type="checkbox"/> Add
		WESTON, FL 33331	<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

26 APR 10:32

**Filing Fee: \$25.00**