



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : VITERI FINANACIAL CORPORATION
Account Number : I20180000091
Phone : (786)390-6735
Fax Number : (305)675-7799

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

Email Address: XAVIER@VITERIFINANCIAL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVERSIONES SAN ESTAFANO, LLC**

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

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SECRETARY OF STATE
TALLAHASSEE, FL.

2020 JUL 27 PM 1:38

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVERSIONES SAN ESTAFANO, 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:

Xavier Viteri

Name of Person

Viteri Financial Corporation

Firm/Company

6721 SW 69 TERRACE

Address

MIAMI, FL 33143

City/State and Zip Code

XAVIER@VITERIFINANCIAL.COM

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

For further information concerning this matter, please call:

XAVIER VITERI

Name of Person

786

at ()

Area Code

262-1237

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

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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>
AMBR	HERNAN GABRIEL LE-ROUX FOSSATI	3101 BAYSHORE DRIVE UNIT 908	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change
AMBR	ESTEFANO GABRIEL LE-ROUX PERALTA	3101 BAYSHORE DRIVE UNIT 908	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change
MBR	MATIAS HERNAN LE-ROUX PERALTA	3101 BAYSHORE DRIVE UNIT 908	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change
MBR	AMERICO HERNAN LE-ROUX PERALTA	3101 BAYSHORE DRIVE UNIT 908	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33304	<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

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

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TALLAHASSEE, FL

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 JULY 21, 2020

Name & Zos. +

Signature of a member or authorized representative of a member

HERNAN GABRIEL LE-ROUX FOSSATI

Typed or printed name of signee

Filing Fee: \$25.00