

L20 000111906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

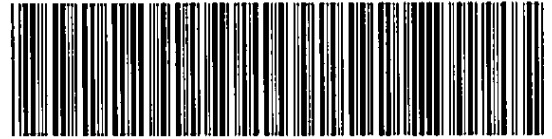
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OCT 14 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ANGIEVERO-VARIETIES 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:

JUDY V DIAZ

Name of Person

ANGIEVERO-VARIETIES LLC

Firm/Company

1237 SW ALCANTARRA BLV

Address

PORT SAINT LUCIE, FL 34953

City/State and Zip Code

angicandvero.varieties@gmail.com

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

For further information concerning this matter, please call:

JUDY V DIAZ

561 601-1333
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JUDY V DIAZ	1237 SW ALCANTARRA BIVD PORT SAINT LUCIE, FL 34953	AddRemoveChangeAddRemoveChangeAddRemoveChangeAddRemoveChangeAddRemoveChange

117:58

(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)

Dated _____, _____

 Signature

MARIA A DELGADO

Typed or printed name of signee