

L20000224486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

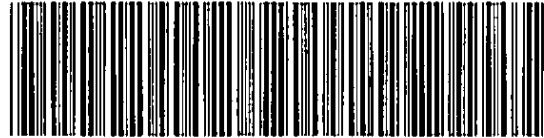
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2020 NOV 17 AM 11:48

NOV 18 2020
S. YOUNG



2020 NOV 17 PM 12:19

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2020

FRANCISCO LARA
MAMA TORTUGA LLC
7133 CLARKE RD
WEST PALM BEACH, FL 33406

SUBJECT: MAMA TORTUGA LLC
Ref. Number: L20000224486

We have received your document for MAMA TORTUGA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 520A00022085

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Mama Tortuga 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:

Francisco Lara
Name of Person

Mama Tortuga LLC
Firm/Company

7133 Clarke Rd
Address

West Palm Beach, FL 33406
City/State and Zip Code

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

For further information concerning this matter, please call:

Johana Castillo 561 7629642
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

2020 NOV 1 AM 11:48
FILED
Registered Agent

If sending 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>
<u>Mgr</u>	<u>Francisco Lara</u>	<u>7133 Clarke RD West Palm Beach FL 33406</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	<u>Johana Castillo</u>	<u>7133 Clarke RD West Palm Beach FL 33406</u>	<input type="checkbox"/> Add
			<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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[illegible]

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.

2020

Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee

Filing Fee: \$25.00