

L20 000244992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

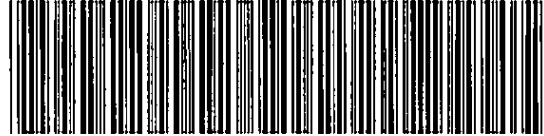
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP -8 AM 6:33
TALLAHASSEE, FL

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D. BRUCE
OCT 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA Mariposa, 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:

Maritza D. Fonseca
Name of Person

La Mariposa, LLC
Firm/Company

3955 Almeida Ct Apt 105
Address

Melbourne FL 32901
City/State and Zip Code

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

For further information concerning this matter, please call:

Maritza D. Fonseca at (321) 872-5961
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

SECRET
TALLAHASSEE, FL

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La Mariposa, LLC

The Articles of Organization for this Limited Liability Company were filed on 8-12-20 and assigned Florida document number L20000244992

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>
MGR	Maritza S. Fonseca	3955 Almeida Ct #105	<input type="checkbox"/> Add
		Melbourne FL 32901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maritza S. Fonseca	3955 Almeida Ct. #105	<input checked="" type="checkbox"/> Add
		Melbourne FL 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2008 SEP 8 AM 6:30
FBI
MELBOURNE
FLORIDA

2020 SEP - 8 AM 9:30
SECTION 101
FALL ACADEMIC

75

2020 SEP -8 AM 6:33

100

(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)

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 08/04/2020

Signature of _____

Signature of a member or authorized representative of a member

Maritza del Socorro Fonseca

Typed or printed name of signee