

L20000257698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

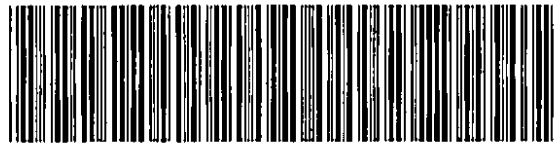
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/08/20--01020--008 **25.00

2020 SEP -8 PM 3:44

OCT 19 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONACTO 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:

TOMER COHEN

Name of Person

Firm/Company

5277 SW 40TH AVE

Address

FORT LAUDERDALE, FL 33314

City/State and Zip Code

Tomashco88@gmail.com

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

For further information concerning this matter, please call:

TOMER COHEN

305 746-9221
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

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(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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|-----------------------|--|
| MGR | COTE, JOSE | 7050 BONITA DR,APT 15 | <input type="checkbox"/> Add |
| | | MIAMI BEACH, FL 33141 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CAPORALE, MAXIMILIANO | 3300 PEMBROKE RD | <input type="checkbox"/> Add |
| | | HOLLYWOOD, FL 33021 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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2020 SEP -9 PM 3:14

(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 SEP 4, 2020

Tomer Cohen

Signature of a member or authorized representative of a member

TOMER COHEN

Typed or printed name of signee

Filing Fee: \$25.00