

L20 000 337894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

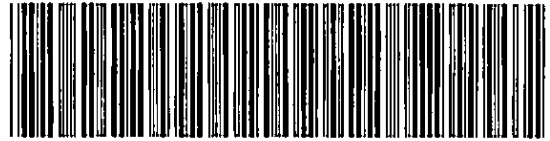
(Business Entity Name)

(Document Number)

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22 MAR 14 2:56

T. MATTHEWS

MAR 24 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 15600 SW 136 ST 2-201 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:

MARIA JOSE GRANADOS GODOY

Name of Person

SimplyLegal

Firm/Company

20200 W. DIXIE HIGHWAY STE G17

Address

AVENTURA, FL 33180

City/State and Zip Code

mj@simplylegalgroup.com

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

For further information concerning this matter, please call:

MARIA JOSE GRANADOS GODOY

305

858.6208

Name of Person

at ()

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

22 JUL 15 00 2:54

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Doc ID: 1f786c6488a76ef3e02f1e0ad38e66d4b5e7ef93

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	Alfredo Gomes Oliveira Neto	13536 SW 144 TERRMIAMI, FL 33186	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 March 9th 2022

Camille Vasquez

Signature of a member or authorized representative of a member

GOMES, CAMILA VASQUEZ

Typed or printed name of signee

Filing Fee: \$25.00

Doc ID: 1f786c6488a76ef3e02f1e0ad38e66d4b5e7ef93