

h20 000 380 458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

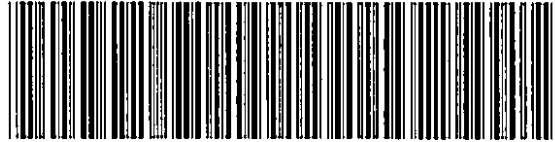
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

09/11/2021
JH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOLITERNO 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:

MARICE ARIAS

Name of Person

USA & GLOBAL BUSINESS SERVICES

Firm/Company

3029 NE 188th STREET STE. 914

Address

AVENTURA, FL 33180

City/State and Zip Code

MARICE@USAGLOBALBUSINESS.ORG

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

For further information concerning this matter, please call:

MARICE ARIAS

305 934-2775

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

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	RODRIGO IBANEZ	3029 NE 188th STREET STE. 914	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FEDERICO IBANEZ	3029 NE 188th STREET STE. 914	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JULIO IBANEZ	3029 NE 188th STREET STE. 914	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The last names of the managers have been filed with spanish name, and they have spetial character does the system do not reconized. Please, update the info without this character.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 September 3rd, 2021

Signature of a member or authorized representative of a member

JULIO C. IBANEZ

Typed or printed name of signee

Filing Fee: \$25.00