

L21000083876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

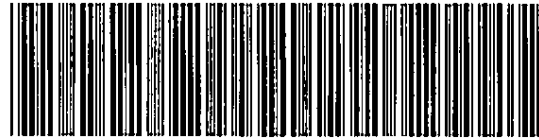
(Business Entity Name)

(Document Number)

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09/20/21--01011--006 \*\*25.00

0130/217

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CELAU 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:

Miriam Poggio

Name of Person

CELAU LLC

Firm/Company

2127 BRICKELL AVE 1204

Address

MIAMI FL 33129

City/State and Zip Code

one.miriam@icloud.com

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

For further information concerning this matter, please call:

Miriam Poggio

1 786-356-2610

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## CELAU LLC

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

PLEASE Add Miriam Poggio , and remove Miriam Poggio Carugati

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[illegible]

(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)

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**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.

09/16/21

Dated \_\_\_\_\_,

Signature of a member or authorized representative of a member

MIRIAM POGGIO

Typed or printed name of signee

**Filing Fee: \$25.00**