

K21000098167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

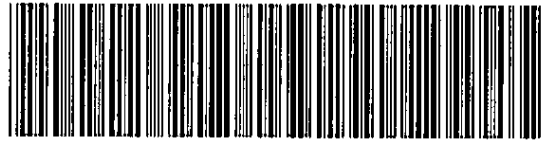
(Business Entity Name)

(Document Number)

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A. RIVERS

NOV 01 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAPI BARBERSHOP 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:

MILENIS DIAZ FLEITAS

Name of Person

Firm/Company

13568 SW 285TH TERR

Address

HOMESTEAD FL 33033

City/State and Zip Code

TAMY@MIAMIPROTAX.COM

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

For further information concerning this matter, please call:

MILENIS DIAZ FLEITAS

786 808-6595
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>
AMBR	MILENIS DIAZ FLEITAS	13568 SW 285TH TERR	<input checked="" type="checkbox"/> Add
		HOMESTEAD FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LIA LUCIA CHIONG SALADRIGAS	13568 SW 285TH TERR	<input checked="" type="checkbox"/> Add
		HOMESTEAD FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	MILENIS DIAZ FLEITAS	13568 SW 285TH TERR	<input type="checkbox"/> Add
		HOMESTEAD FL 33033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VPRES	LIA CHONG SALADRIGOS	13568 SW 285TH TERR	<input type="checkbox"/> Add
		HOMESTEAD FL 33033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated SEPTEMBER 01, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee