

L21000140368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

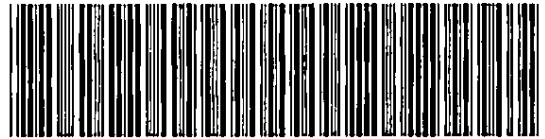
(Document Number)

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07/21/21



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MINERA MATHEMATICA 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:

Jeffery Scott Couron

Name of Person

Firm/Company

25329 Geddy Dr.

Address

Land O Lakes FL 34639

City/State and Zip Code

jscouron@gmail.com

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

For further information concerning this matter, please call:

Jeffery Scott Couron

813 7884861
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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>
CEO	COURON, JEFFERY	25329 GEDDY DR.LAND O LAKES, FL 34639	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CHU, DAVID	109 FOREST STREET, #15NEW CANAAN,	<input type="checkbox"/> Add
		CT 06840	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	AGUAYO, ELLIOTT	32050 PINFELD DR, WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	AGUAYO, EDWIN	32622 TRILBY RD DADE CITY, FL 33523	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

7.21

(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)

Pursuant to the provisions of the
will not be

Dated 06/25, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee