

L21 000 18 44 19

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

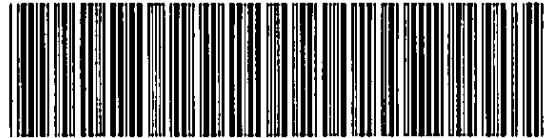
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100377032521

12/06/21--01005--025 **25.00

FILED
2021 DEC -6 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL

Y. SCOTT
DEC 16 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGALY DOIG REAL STATE

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:

Paola C Cardenas

Name of Person

Tax Care Orlando

Firm/Company

12701 S John Young Pkwy Suite 216

Address

Orlando, Florida 32837

City/State and Zip Code

paola.cardenas@taxcareinc.com

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

For further information concerning this matter, please call:

Paola Cardenas

321

284-9341

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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 DEC -6 PM 2:05

FILED

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	SCANDER DOIG, RUMENOS J	13572 TURTLE MARSH LOOP 210	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MONTENEGRO MILLER, MAYTE	13572 TURTLE MARSH LOOP 210	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32837	<input type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2021 DEC -6 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL

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

2021 DEC -6 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 DEC -8 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL

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 NOVEMBER 29 . 2021

x Mygalis Ling Uda. de Scander

Signature of a member or authorized representative of a member

MAGALY DOIG VDA DE SCANDER

Typed or printed name of signee

Filing Fee: \$25.00