

12/14/21, 9:57 AM

Division of Corporations

L2100021071

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : 120000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
0810 GROUP LLC

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: 0810 GROUP 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:

YANELLE M BARINAS

Name of Person

BARINAS & ASSOCIATES, INC.

Firm/Company

5701 NW 36 ST

Address

VIRGINIA GARDENS, FL 33166

City/State and Zip Code

BARINASB@GMAIL.COM

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

For further information concerning this matter, please call:

YANELLE M BARINAS

at (305) 871-0889

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/COURIER ADDRESS:**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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	PATRICIA CHAGUAN GARCIA	253 NE 2ND ST #311	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 _____, _____

- DocuSigned by:

MIGLAURA C CHAGUAN GARCIA

Signature of a member or authorized representative of a member

CHAGUAN GARCIA, MIGLAURA C

Typed or printed name of signee

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Filing Fee: \$25.00

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