

121 000 390 253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

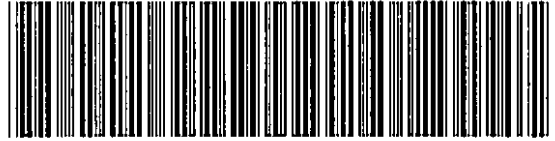
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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D. BRUCE  
DEC 07 2021

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 7788 SW E303, 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:

Ruben Martinez  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
11400 SW 92 CT  
\_\_\_\_\_  
Address  
  
Miami, FL 33176  
\_\_\_\_\_  
City/State and Zip Code  
  
prossimoruben@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruben Martinez at ( 305 ) 305-972-3364  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

2021 NOV 22 PM 5:07  
Filing Stamp

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 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>                      |
|--------------|-------------|----------------|--|
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
| _____        | _____       | _____          | <input type="checkbox"/> Remove            |
| _____        | _____       | _____          | <input type="checkbox"/> Change            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
| _____        | _____       | _____          | <input type="checkbox"/> Remove            |
| _____        | _____       | _____          | <input type="checkbox"/> Change            |
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| _____        | _____       | _____          | <input checked="" type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove            |
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| _____        | _____       | _____          | <input type="checkbox"/> Add               |
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 FEDERAL RESERVE BANK OF PHOENIX  
 PHOENIX, ARIZONA

