

h21000461723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

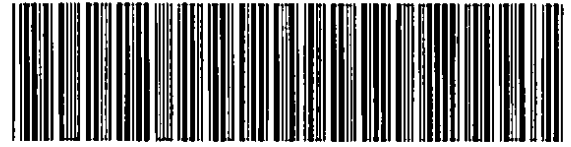
(Business Entity Name)

(Document Number)

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T. MATTHEWS

DEC 16 2021

21 070 - 6 PM 3:24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FRATERMAN 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:

JAVIER GUEZIKARAIA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10228 SW 23RD CT

\_\_\_\_\_  
Address

MIRAMAR, FL 33025

\_\_\_\_\_  
City/State and Zip Code

jgcapitales@aol.com

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

For further information concerning this matter, please call:

JAVIER GUEZIKARAIA

786 312-8677  
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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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	JAVIER GUEZIKARAIA	10228 SW 23RD CT	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTIN VEGA	8351 SANDS POINT BLVD, A-201	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

21 DEC - 2 PM 3:24

**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 30 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee