

L220000090676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

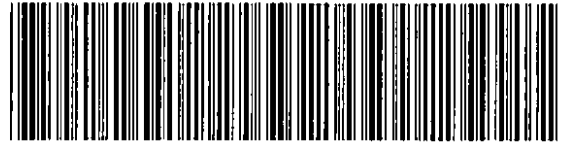
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2/21/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grupo Haniel 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:

Daniel Lewis
Name of Person

Law office of Daniel Lewis
Firm/Company

208 Sanford Ave
Address

Sanford, FL 32771
City/State and Zip Code

Daniel@DanielRLewis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Lewis at (386) 237-5408
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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Grupo Maniel LLC

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL
e new registered

713

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>
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<u>AP</u>	<u>Sonia Estefania Puentes Quiruga</u>	<u>3943 Pintail Court</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32822</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

<u>AP</u>	<u>Angelica Maria Puentes Quiruga</u>	<u>3943 Pintail Court</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32822</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[The following section contains multiple horizontal lines for amendments, all of which are crossed out with diagonal lines.]

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TALLAHASSEE, FL 32305-0500

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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 2005.090 (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 17, 2023

Antonio José Cuantes Blanes
Signature of a member or authorized representative of a member

Antonio José Cuantes Blanes
Typed or printed name of signer

Filing Fee: \$25.00