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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

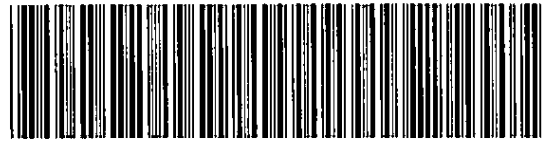
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DE LAS ARTES INVESTMENT 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:

MATIAS MONASTIRSKY

Name of Person

DE LAS ARTES INVESTMENTS LLC

Firm/Company

323 S 21ST AVENUE SUITE C

Address

HOLLYWOOD FLORIDA 33020

City/State and Zip Code

MATIAS@MEJACCOUNTING.COM

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

For further information concerning this matter, please call:

MATIAS@MEJACCOUNTING.COM

Name of Person

at (954) 505-3219

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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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	CHISTIAN A MORALES TRONCOSO	323 S 21ST AVENUE SUITE C	<input type="checkbox"/> Add
		HOLLYWOOD FLORIDA 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTIAN MORALES TRONCOSO	323 S 21ST AVENUE SUITE C	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FLORIDA 33020	<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.)

1. *What is the main purpose of this document?*
 2. *What are the key findings of the study?*
 3. *What are the implications of these findings?*
 4. *What are the limitations of the study?*
 5. *What are the conclusions of the study?*
 6. *What are the recommendations for future research?*
 7. *What are the acknowledgments?*
 8. *What are the references?*
 9. *What are the appendices?*
 10. *What are the footnotes?*
 11. *What are the tables?*
 12. *What are the figures?*
 13. *What are the captions?*
 14. *What are the legends?*
 15. *What are the abbreviations?*
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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 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 JULY 11TH 2022

Signature of a member or authorized representative of a member

MATIAS MONASTIRSKY (AGENT)

Typed or printed name of signee

Filing Fee: \$25.00