

L23 000 132 157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

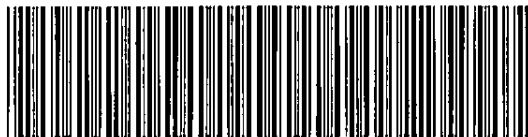
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900406265599

04/13/2011-01015-015 \*\*25.00

2011 APR 13 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ESPINAR MARRERO & ASSOCIATES 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:

ALAIN ESPINAR  
Name of Person

Firm/Company

3660 SW 9TH TERRACE APT 1  
Address

MIAMI, FLORIDA 33135  
City/State and Zip Code

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

For further information concerning this matter, please call:

ALAIN ESPINAR at 786 830-1957  
Name of Person Area Code Daytime Telephone Number

2025 APR 13 AM 11:14  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

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>
MGR	Carolina Marrero Hernandez	3660 SW 9TH TERR APT 1	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33135	<input 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR 13 PM 11:13  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

2023 APR 13 AM 11:13  
STATE OF CONNECTICUT  
SECRETARY OF STATE

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 MARCH 27, 2023

Signature of a member or authorized representative of a member

ALAIN ESPINAR, MEMBER

Typed or printed name of signee