

L23 000 154 959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

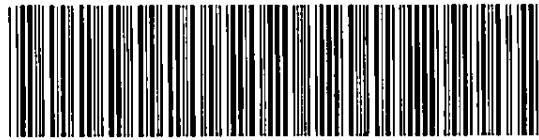
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400402723754

05/08/23--01022--012 **29.00

2023 MAY 8 PM 4:45
-1040

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casa Nieves, 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:

Maria Benalcazar

Name of Person

Casa Nieves, LLC

Firm/Company

7917 West Dr. #22

Address

North Bay Village, FL 33141

City/State and Zip Code

casanievesm@gmail.com

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

For further information concerning this matter, please call:

Maria Benalcazar

786 8998185
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

2003 FEB -8 PM 4:45

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	Farah Khadjetourians	7917 West Dr. #22	<input type="checkbox"/> Add
		North Bay Village, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria Soledad Benalcazar	7917 West Dr. #22	<input checked="" type="checkbox"/> Add
		North Bay Village, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria Soledad Benalcazar	7917 West Dr. #22	<input checked="" type="checkbox"/> Add
		North Bay Village, FL 33141	<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

100

suant
not
55

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.

Dated 05/02/2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00