

L23000163754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

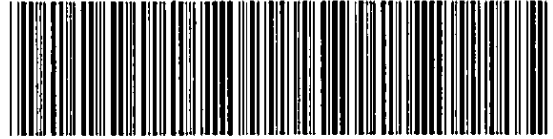
(Business Entity Name)

(Document Number)

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05/01/23--01016--026 **25.00

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FL
PM 3D

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: LOS COLINA 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:

MAILE COLINA HERNANDEZ
Name of Person
LOS COLINA LLC
Firm/Company
1040 NW 196TH TER
Address
MIAMI GARDENS FL 33169
City/State and Zip Code
COLINAMAILE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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2023 MAY - 1 PM 1:43
STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

MAILE COLINA HERNANDEZ at (786) 862 0649
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

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>
AMBR	MAILE COLINA HERNANDEZ	1040 NW 196TH TER MIAMI GARDENS FL 33169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAILE COLINA		<input type="checkbox"/> Add
		1040 NW 196TH TER MIAMI GARDENS FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 STATE

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 04/03/2023 (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 APRIL 24 2023

Signature of a member or authorized representative of a member

MAILE COLINA HERNANDEZ

Typed or printed name of signee

STATE DEPARTMENT OF STATE
MAY 1 11:43 AM '23

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