

L23006208327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

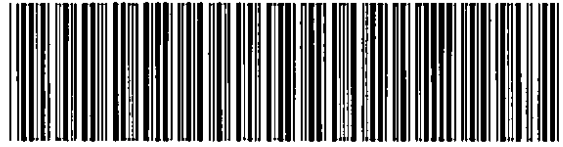
(Document Number)

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FILED  
JUL 19 2023  
FBI - JEFFERSON

2023 JUL 19 AM 11:01



2023 JUL 19 AM 10:36

JUL 19 2023

# COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** CORDOBA ADVISORY SERVICES 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:

DIEGO HAYMES

Name of Person

CORDOBA ADVISORY SERVICES

Firm/Company

16141 SW 83RD AVE

Address

MIAMI, FL 32603

City/State and Zip Code

DIEGOHAYMES1998@GMAIL.COM

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

For further information concerning this matter, please call:

DIEGO HAYMES 786 2198095  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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2623 JUL 19 AM 11:01

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04/27/2023

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16141 SW 83RD AVE PALMETTO BAY, FL 33157

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\_\_\_\_\_

16141 SW 83RD AVE PALMETTO BAY, FL 33157

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Address on our records: enter the name of the new register

\_\_\_\_\_

Age Group	Percentage of Respondents
18-29	65
30-39	75
40-49	80
50-59	85
60-69	88
70+	90

Enter Florida street address \_\_\_\_\_  
 \_\_\_\_\_, **Florida** \_\_\_\_\_  
 City Zip Code

City

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

**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	RAYMUNDO CRUZ	7025 SW 139TH STPALMETTO BAY, FL 33158	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RODOLFO ZAPATA	7025 SW 139TH STPALMETTO BAY, FL 33158	<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Typed or printed name of signee