

L23000479570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

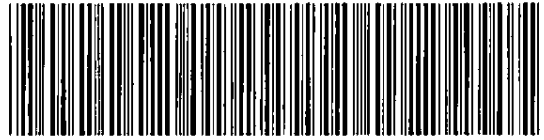
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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*ME*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTAFINI GUEST PROPERTIES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Giovanni Gomes
Name of Person
Firm/Company
4400 45th St N
Address
Saint Pete, FL 33714
City/State and Zip Code
gio@stayalta.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni Gomes 727 642-4457
Name of Person at ( ) Area Code Daytime Telephone Number

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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	Giovanni Gomes	4400 45th St N	<input type="checkbox"/> Add
		Saint Pete, FL 33714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Thaysa Mileseki Gomes	4400 45th St N	<input checked="" type="checkbox"/> Add
		Saint Pete, FL 33714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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