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## **COVER LETTER**

TO:

	ion Section of Corporations					
	ORADO 704 LLC					
Name of Limited Liability Company						
The enclosed Artic	eles of Amendment and fee(s) are si	ubmitted for filing.				
Please return all co	prespondence concerning this matter	er to the following:				
	AUSTRALIA ALBA					
		Name of Person				
	<del>-</del>	Firm/Company				
950 BRICKELL BAY DR 2106						
		Address				
	MIAMI, FLORIDA 331.	31				
		City/State and Zip Code				
	AUSTRALIA_ALBA@F					
	E-mail address	(to be used for future annual report notification)				
For further informa	ation concerning this matter, please	call:				
AUSTRALIA ALI		786 879-0097 at ()				
,	l'ame of Person	Area Code Daytime Telephone Number				
Enclosed is a check	c for the following amount:					
물 \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314		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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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