L24000209801

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration So Division of Cor		,	
CONSULT	ORES GERENCIALES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	f
		<i>y</i> *	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAFAEL BASTARDO		
		Name of Person	
	PLUSMOREUSA		
		Firm/Company	
	13538 VILLAGE PARK I	OR #265	
		Address	
	ORLANDO, FL 32837		
	sunbiz@plusmoreusa.com	City/State and Zip Code	
	- '	to be used for future annual report noti:	fication)
For further information c	oncerning this matter, please c		•
RAFAEL BASTARDO		407 288-4306	
Name of Person			e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration Sec	
Division of Corporations		Division of Cor The Centre of T	
P.O. Box 6327 Tallahassee, FL 32314			ananassee Street, Suite 810
	··-	Tallahassee, FL	

COVER LETTER

TO: Registration So Division of Cor				
CONSULT SUBJECT:	ORES GERENCIALES, LLC			
	Name of Lim	ited Liability Company		
		٠		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	RAFAEL BASTARDO			
		Name of Person		
	PLUSMOREUSA			
	Firm/Company			
	13538 VILLAGE PARK DR #265			
	Address			
	ORLANDO, FL 32837			
	sunbiz@plusmoreusa.com E-mail address: v	City/State and Zip Code to be used for future annual report notification)		
or further information c	oncerning this matter, please ca	all:		
RAFAEL BASTARDO		407 288-4306 at ()		
Name of Person		Area Code Daytime Telephone Number		
Inclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ∴		
Mailing Address Registration of C P.O. Box 632 Tallahassee.	Section Corporations 27	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>	Type of Action
AMBR	RAFAEL BASTARDO	13538 VILLAGE PARK DR #265	■ Add
		ORLANDO, FL 32837	□Remove
AP	GABRIELA J POCATERRA ESP/	14208 Charmont Ct	= Add
		Orlando il 32837	
			LAdd
			LlRemove
			TChange
			□Remove
			L Change
			LIRemove
			□Remove
			- Chanas