

L24000 469 338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

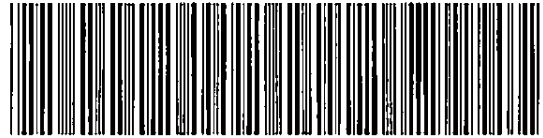
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

AB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL TROPEZON LIMENO #1 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:

GLADYS L HUERE

Name of Person

Firm/Company

140 SW 57TH AVE

Address

MIAMI, FL 33144

City/State and Zip Code

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

For further information concerning this matter, please call:

GLORYANN ORDONEZ

305 975-4656
at ()

Name of Person

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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>
AMBR	GLADYS L HUERE	266 HAMMOND DRIVE	<input checked="" type="checkbox"/> Add
		MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JENNYFFER J CAMPOS	6768 SW 22ND ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

LLC WAS ORIGINALLY OPENED WITH "PRESIDENT" AND "VICE PRESIDENT" ROLES.

PLEASE UPDATE TO CORRECT TITLES.

PLEASE MAKE NECESSARY CHANGES

E. Effective date, if other than the date of filing: _____ **(optional)**

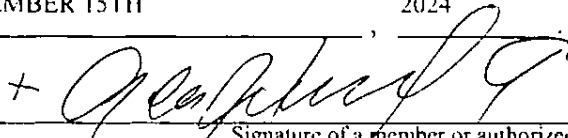
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 NOVEMBER 15TH

2024

+ 

Signature of a member or authorized representative of a member

GLADYS L HUERE

Typed or printed name of signee