

L110000029306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

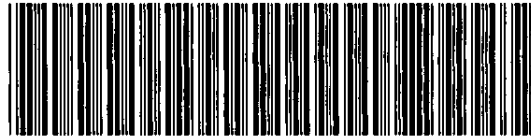
(Business Entity Name)

(Document Number)

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SEALING UNIT
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 5 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORAL GABLES CULINARY INSTITUTE, 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:

ROBERTO E. MACHO

Name of Person

MACHO & ASOCIADOS CONS CORP

Firm/Company

1110 BRICKELL AVE. SUITE 800

Address

MIAMI, FL 33131

City/State and Zip Code

RMACHO@UHY-MACHO.COM

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

For further information concerning this matter, please call:

ROBERTO E. MACHO

Name of Person

at (**305**)

503-2700

Area Code & Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

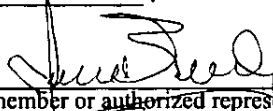
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS A. FERNANDEZ	3101 New Mexico Ave NW # 235 Washington, DC 2006	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

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TALLAHASSEE, FLORIDA

Dated OCTOBER, 05, 2012



Signature of a member or authorized representative of a member

VICTORIA SADE

Typed or printed name of signee