

L19000 100F96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

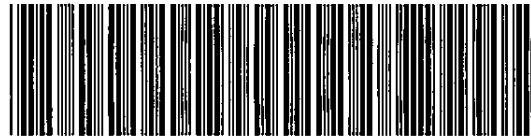
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT 13 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 15 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2066 NORTH BAYSHORE, 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:

Carlos Frost

Name of Person

Cafe Holdings, LLC

Firm/Company

540 NW 165TH Street Road, Suite 308

Address

Miami, Florida 33169

City/State and Zip Code

carlos@cafeholdingspm.com

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

For further information concerning this matter, please call:

Carlos Frost

Name of Person

at (**786**) **471-6002**

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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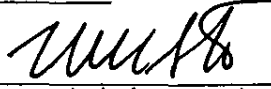
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 8, 2014



Authorized Representative

Signature of a member or authorized representative of a member

Eric P. Stein

Typed or printed name of signee

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