

L14 0000 54278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

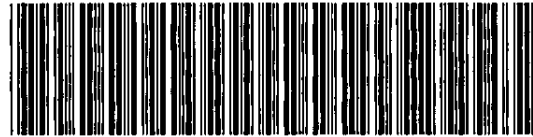
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/01/14--01005--006 \*\*25.00

14 JUL -1 PM 2:29  
J. Shivers JUL 02 2014



Miami, June 27, 2014

CODE: 2371

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Temescal Hallandale LLC – L14000013704**  
**ARTICLES OF AMENDMENT TO ARTICLES ORGANIZATION**

Dear Sir or Madam:

Please find attached the following documents regarding the above mentioned:

- 1) Cover Letter & Articles of Amendment to Articles of Organization dully signed
- 2) Check number #1178 from First United Bank in the amount of \$25.00 as payment fee

Please feel free to contact me for any additional information.

Thank you very much for your special attention to this request.

Very truly yours,

InterCorp International Group  
Carolina Ribeiro

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **TEMESCAL DOWNTOWN OFFICES 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:

**Carolina Ribeiro**

Name of Person

**Intercorp International LLC**

Firm/Company

**801 Brickell Ave., Ste. 926**

Address

**Miami, FL 33131**

City/State and Zip Code

**carolina@intercorpgroup.com**

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

For further information concerning this matter, please call:

**Carolina Ribeiro**

Name of Person

at **(305) 789-6694**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TEMESCAL DOWNTOWN OFFICES LLC

Page 1 of 3

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>
MGR	Paulo Pinheiro de Andrade	Av. Bartolomeu Mitre, 230	<input type="checkbox"/> Add
		Apt. 602-Leblon-Rio de Janeiro	<input checked="" type="checkbox"/> Remove
		22431-000 Brasil	
MGR	Leonardo Sampaio de Lacerda Braune	801 Brickell Ave., Ste. 926	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<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.)*

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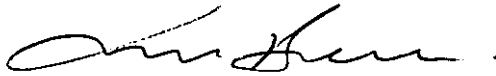
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

LEONARDO BRAVINE

Typed or printed name of signee

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Filing Fee: \$25.00

FILED  
14 JUN - 1 PM 2:09  
6012 001