

K21000252512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

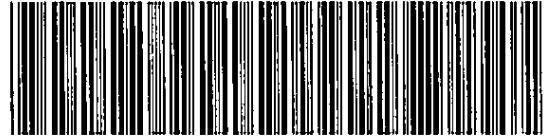
(Document Number)

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

Special Instructions to Filing Officer:

*707*

Office Use Only



000370602740

07/27/21--01021--018 \*\*25.00

05/20/22--01005--007 \*\*25.00

FILED  
2022 MAY 20 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

*LLC  
Amend*

MAY 25 2022  
D. CORWELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2021

JEAN MARC LOPEZ  
1900 PURDY AVENUE #2002  
MIAMI BEACH, FL 33139

SUBJECT: NORMANDY MM LLC  
Ref. Number: L21000252512

We have received your document for NORMANDY MM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 821A00018736

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NORMANDY MM 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:

JOHN WOLF  
Name of Person

AVENTURE CAPITAL LLC  
Firm/Company

1900 PURDY AVENUE STE 2002  
Address

MIAMI BEACH FL 33139  
City/State and Zip Code

jmlopez@aventure-capital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN WOLF at ( 786 ) 3252626  
Name of Person 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 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>	<u>Type of Action</u>
MGR	JOHN WOLF	1900 PURDY AVE STE 2002 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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