

L09000103941

(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



800237197608

07/09/12--01022--030 **100.00

FILED

12 JUL -9 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 10 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOTR MIAMI 304 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:

FEDERICO OLIVIERI
Name of Person

Firm/Company

235 LINCOLN RD #310
Address

MIAMI BEACH FL 33139
City/State and Zip Code

OLIVIERI.FEDERICO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ()
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
12 JUL -9 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BOTR MIAMI 304 LLC

Page 1 of 2

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	CLAUDIO CONSOLE	235 LINCOLN RD #310 MIAMI BEACH FL 33139	<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.)

Dated JULY 3, 2012

Signature of a member or authorized representative of a member

FEDERICO OLIVIERI

Typed or printed name of signee

FILED
12 JUL -9 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA