

L22000161367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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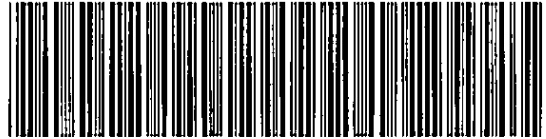
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 314 ONE BAY, 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:

BARBARA RUIZ-GONZALEZ

Name of Person

RUIZ-GONZALEZ LAW, PLLC

Firm/Company

PO BOX 833059

Address

MIAMI, FL 33283

City/State and Zip Code

barbara@ruizgonzalezlaw.com

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

For further information concerning this matter, please call:

BARBARA RUIZ-GONZALEZ

305

814-4224

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
AMBR	NORTON DEVELOPMENTS LTI	455 NORTHEAST 39TH STREET	<input checked="" type="checkbox"/> Add
		UNIT 314	<input type="checkbox"/> Remove
		MIAMI, FL 33137	<input type="checkbox"/> Change
AMBR <i>mgr</i>	MAX PIERRE-LOUIS	455 NORTHEAST 39TH STREET	<input type="checkbox"/> Add
		UNIT 314	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33137	<input type="checkbox"/> Change
AMBR <i>mgr</i>	CATHRYN OSMAK	455 NORTHEAST 39TH STREET	<input type="checkbox"/> Add
		UNIT 314	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33137	<input type="checkbox"/> Change
AMBR	AGNES PIERRE-LOUIS	430 NW 134TH STREET	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASTRID PIERRE-LOUIS	2578 PINE STREET	<input type="checkbox"/> Add
		SAN FRANCISCO, CA 94115	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

(This area is for amendments. A diagonal line is drawn across the space, indicating no changes were made.)

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TALLAHASSEE, FL

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____

9/29

2022

Signature of a member or authorized representative of a member

BARBARA-RUIZ-GONZALEZ, ESQ.

Typed or printed name of signee

Filing Fee: \$25.00