

A13000000767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

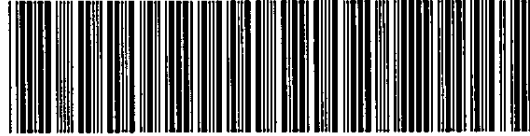
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/12/15--01043--004 **52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2015
S. YOUNG

14107 AZUL LP
90 Alton Rd., # 1703
Miami Beach, FL 33139
Tel 786.436.6362 email ap@wbfinancialadvisors.com

Department of State
Division of Corporation (filing section)
POB 6327
Tallahassee, FL 32314

RE CORRECTION OF FILING

Ladies and Gentlemen, November 9th, 2015

On Jun14, 2014 we filed – actually the stamp is on the document by the Department, our Certificate of Amendment to Limited Partnership for

14107 AZUL LP

On page two of the documents, the General Partners name is shown as
14107 LLC with our address above.

The document also carries the signature of me, Anton Philipp , as GP 14107 LLC

A letter is attached to the filing with the name of the General Partner as correct 14107 AZUL LLC

Document number L 14 0000 93719.

Please correct the name of the GP as to **14107 AZUL LLC**

Under document number L11000029953 exists a company with the name of 14107 LLC and address at 13223 SW 11Terr, Miami , FL 33184 , who has nothing to do with our LP or GP.

Attached under Doc # L14000093719 is the right name of the GP for 14107 AZUL LP, which is

14107 AZUL LLC

Thanks for your help

Anton Philipp

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 14107 AZUL LP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anton Philipp
Contact Person
WB Financial LLC
Firm/Company
90 Alton Rd., 1703
Address
Miami Beach, FL 33139
City, State and Zip Code
ap@wbfinancialadvisors.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Anton Philipp at (786) 4366362
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

14107 AZUL LP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 14107 AZUL LP, assigned Florida document number A13000000767, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

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STATE
TALLAHASSEE FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 STATE OF ALABAMA
 SECRETARY OF STATE

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

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

correction of name of General Partner

the name of the GP is

14107 AZUL LLC

the Document Number for the GP is

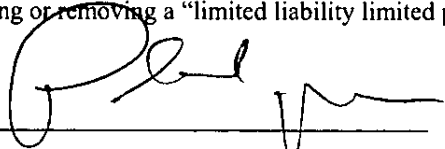
L14000093719

Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



Anton Philipp

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TALLAHASSEE, FLORIDA

Signature(s) of all new or dissociating general partner(s), if any:

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75



Detail by Entity Name

Florida Limited Liability Company

14107 AZUL LLC

Filing Information

Document Number	L14000093719
FEI/EIN Number	00-0000000
Date Filed	06/11/2014
Effective Date	06/10/2014
State	FL
Status	ACTIVE

Principal Address

90 ALTON RD
1703
MIAMI BEACH, FL 33139 FL

Mailing Address

90 ALTON RD
1703
MIAMI BEACH, FL 33139 FL

Registered Agent Name & Address

PHILIPP, ANTON
90 ALTON RD
1703
MIAMI BEACH, FL 33139

Authorized Person(s) Detail

Name & Address

Title MGR

PHILIPP, ANTON L
90 ALTON RD
MIAMI BEACH, FL 33139

Title MGR

COTTINGAME, CHRIS
880 MANDALAY AVE # C708
CLEARWATER BEACH, FL 33767

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TALLAHASSEE, FLORIDA

Annual Reports

Report Year	Filed Date
2015	04/04/2015

Document Images

04/04/2015 -- ANNUAL REPORT	View image in PDF format
06/11/2014 -- Florida Limited Liability	View image in PDF format

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State of Florida, Department of State

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Detail by Entity Name

Florida Limited Liability Company

14107 LLC

Filing Information

Document Number	L11000029953
FEI/EIN Number	36-4700166
Date Filed	03/10/2011
Effective Date	03/10/2011
State	FL
Status	ACTIVE

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 TALLAHASSEE, FLORIDA

Principal Address

13223 SW 11 TER
Miami, FL 33184

Changed: 04/11/2013

Mailing Address

13223 SW 11 TERRACE
MIAMI, FL 33184

Changed: 03/26/2012

Registered Agent Name & Address

DE VARONA, CARLOS
13223 SW 11 TER
Miami, FL 33184

Address Changed: 04/11/2013

Authorized Person(s) Detail

Name & Address

Title MGRM

RODRIGUEZ, MAYTED
13223 SW 11 TERRACE
MIAMI, FL 33184

Title MGRM

DE VARONA, CARLOS D

8726 NW 26 ST #11
DORAL, FL 33172

Annual Reports

Report Year	Filed Date
2013	04/11/2013
2014	04/30/2014
2015	04/28/2015

Document Images

04/28/2015 -- ANNUAL REPORT	View image in PDF format
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03/26/2012 -- ANNUAL REPORT	View image in PDF format
03/10/2011 -- Florida Limited Liability	View image in PDF format

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