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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2016
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1040 BISCAYNE ASSOCIATES, 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:

KEVIN S. VENGER

Name of Person

1040 BISCAYNE ASSOCIATES, LLC

Firm/Company

1040 BISCAYNE BLVD, STE 900

Address

MIAMI, FL 33132

City/State and Zip Code

kevin@tenmuseumparkspa.com

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

For further information concerning this matter, please call:

KEVIN S. VENGER

305

358-7272

Name of Person

at (_____) _____
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, i
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

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Page 1 of 3

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	KEVIN S. VENGER	1040 BISCAYNE BLVD	☒ Add
		SUITE 900	☐ Remove
		MIAMI, FL 33132	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

2016 MAR - 8 PM 3:23
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

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[illegible]

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.

Dated APRIL 6, 2016

Typed or printed name of signee

Filing Fee: \$25.00

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 APRIL 6, 2016

Signature of a member or authorized representative of a member

KEVIN S. VENGGER, MGR

Typed or printed name of signee