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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

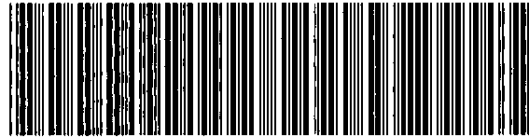
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Sullivan JUL 14 2011

Peter M. Lopez, P.A.  
1911 Northwest 150<sup>th</sup> Avenue  
Suite 201  
Pembroke Pines, Florida 33028  
Phone: (954) 436-6111  
Facsimile: (954) 436-6112

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July 12, 2011

Via Federal Express  
Overnight Delivery

Division of Corporations  
ATTN: Registration Section  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **Articles of Amendment for the following LLCs:**

- CARDUCCI ENTERPRISES, LLC
- LANDMARKDORAL BAY 1A LLC
- VICTORIA PARK 813, LLC
- I-595 INVESTMENTS LLC
- VICTORIA PARK 446, LLC
- DOLPHIN 128, LLC
- POINCIANA GROUP 22, LLC
- PROGRESSO 840, LLC
- VICTORIA PARK 900 LLC

Dear Sir or Madam:

Enclosed please find Check No. 5950, made payable to Florida Department of State, in the amount of \$225.00. This represents the filing fee for the Articles of Amendment (which are enclosed) for the above referenced nine (9) companies.

Should you have any questions, please do not hesitate to call.

Very truly yours,

PETER M. LOPEZ, P.A.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CARDUCCI ENTERPRISES, 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:

Peter M. Lopez, Esq.

Name of Person

Peter M. Lopez, P.A.

Firm/Company

1911 NW 150th Ave. #201

Address

Pembroke Pines, FL 33028

City/State and Zip Code

pmlopezpa@yahoo.com

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

For further information concerning this matter, please call:

Peter M. Lopez

Name of Person

at ( 954 )

436-6111

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

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TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

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>
MGRM	Ana Y. De Carducci	1911 NW 150th Ave. #201 Pembroke Pines, FL 33028	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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 8 2011

Signature of a member or authorized representative of a member

Peter M. Lopez, Esq. Member Representative

Typed or printed name of signee

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