

L04 000087523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

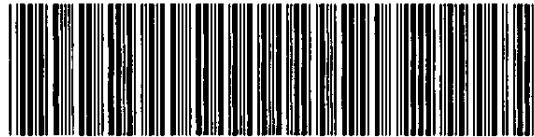
(Business Entity Name)

(Document Number)

Certified Copies _____ : Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500160992805

09/25/09--01006--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 25 AM 10:08

FILED

T. CLINE

SEP 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI BEACH CHARTERS, 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:

GIADA ROCCA
Name of Person
MIAMI BEACH CHARTERS, LLC
Firm/Company
1423 COLLINS AVENUE
Address
MIAMI BEACH, FLORIDA 33139
City/State and Zip Code
GROCCA@PENGUINHOTEL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIADA ROCCA at (305) 534-9334 x 520
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
2009 SEP 25 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MIAMI BEACH CHARTERS, 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:

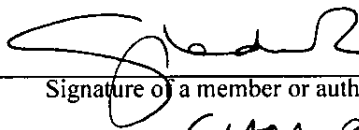
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	JUAN ALVAREZ	1423 Collins Avenue Miami Beach, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GUVEN SEN	1423 Collins Avenue 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

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

Dated _____



Signature of a member or authorized representative of a member

GIADA ROCCA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 AM 10:06

FILED