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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PENGUIN HOTEL DEVELOPMENT, 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

PENGUIN HOTEL DEVELOPMENT, LLC

Firm/Company

1423 COLLINS AVENUE

Address

MIAMI BEACH, FL 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

Name of Person

at (786) 200-8990

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

PENGUIN HOTEL DEVELOPMENT, LLC

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12 DEC 17 PM 4:32
RECEIVED
TALLAHASSEE
FLORIDA
address
Zip Code

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	ALBERTO DIAZ	1423 Collins Avenue	☐ Add
		Miami Beach, FL 33139	☒ Remove
MGRM	MARC HANS FRIEDLI	1423 Collins Avenue	☒ Add
		Miami Beach, FL 33139	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated December 13, 2012.



Signature of a member or authorized representative of a member

MARC HANS FRIEDLI

Typed or printed name of signee

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Filing Fee: \$25.00