

LO7 000123798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

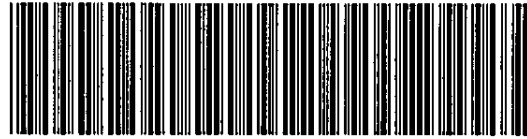
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
FEB 11 2014  
FEB 11 2014  
FEB 11 2014

J. Stivers FEB 11 2014

657



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2014

ISRAEL BEATO  
8250 NW 25TH ST SUITE 1  
DORAL, FL 33122

SUBJECT: VENEDOM-MIAMI, LLC  
Ref. Number: L07000123798

We have received your document for VENEDOM-MIAMI, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 814A00001562

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: \*\*\*\*\*VENEDOM-MIAMI,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:

**Israel Beato**

Name of Person

**Beato Pimentel & Associates P.A.**

Firm/Company

**8250 Nw 25th Street Suite #1**

Address

**Doral, FL. 33122**

City/State and Zip Code

**beato@bpatax.com**

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

For further information concerning this matter, please call:

**Israel Beato**

Name of Person

**305 994-7276**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

14 FEB -7 PM 3:20  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Venedom-Miami, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	

RECEIVED  
FEB - 7 PM 3:30  
CITY OF CHICAGO  
CLERK OF THE BOARD

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

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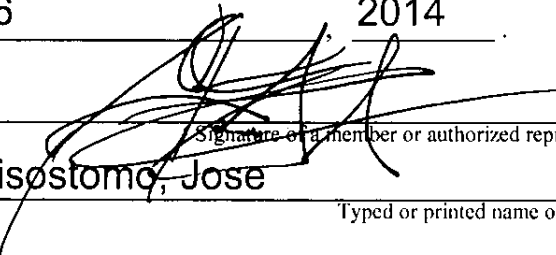
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/06 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Crisostomo, Jose  
\_\_\_\_\_  
Typed or printed name of signee

14 FEB -7 PM 3:30  
STATE OF FLORIDA  
TALLAHASSEE