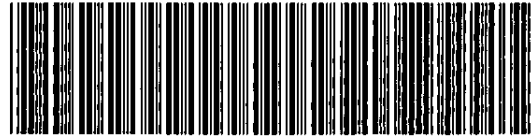


LO8000002237



600209848076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

07/12/11--01012--007 **25.00

Special Instructions to Filing Officer:

FILED
11 JUL 12 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

D. BRUCE

JUL 13 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1814, 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:

Cheryl Julien Kaufman, Esq.
Name of Person

Cheryl Julien Kaufman, PA
Firm/Company

2340 S. Dixie Highway
Address

Miami, FL 33133
City/State and Zip Code

cheryl@kaufmantitle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Julien Kaufman at (**305**) **854-0500**
Name of Person Area Code & Daytime Telephone Number

FILED
11 JUL 12 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>
MGR	Nicola Schon	Cheryl Julien Kaufman, PA 2340 S. Dixie Highway Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Nicola Schon	200 Biscayne Boulevard Way Suite 5207 Miami, FL 33131	<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
			<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 July 11, 2011.



Signature of a member or authorized representative of a member

Cheryl Julien Kaufman, authorized representative of a member

Typed or printed name of signee

FILED
11 JUL 12 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA