

LD90000046302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

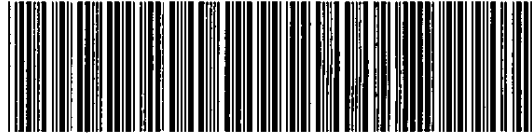
Special Instructions to Filing Officer:

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JUN 24 2009

EXAMINER

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06/02/09--01009--030 **25.00

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09 JUN 23 AM 11:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gooduria South Beach, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio L Roca

Name of Person

Roca Gonzalez, PA

Firm/Company

2601 South Bayshore Drive, Suite 600

Address

Miami, FL 33133

City/State and Zip Code

aroca@rgpa.com

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

For further information concerning this matter, please call:

Antonio L Roca

Name of Person

at (305)

859-6050

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2009

ANTONIO L ROCA
ROCA GONZALEZ PA
2601 SOUTH BAYSHORE DRIVE, STE. 600
MIAMI, FL 33133

SUBJECT: GOODURIA SOUTH BEACH, LLC
Ref. Number: L09000046302

We have received your document for GOODURIA SOUTH BEACH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return 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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 909A00018505

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Gooduria South Beach, LLC

2. (a) Principal office address of limited liability company: 745 13th Street, Suite 6

☐ (Note: **MUST BE STREET ADDRESS**) Miami, FL 33139

(b) Mailing address of limited liability company: 745 13th Street, Suite 6

☐ (Note: **MAY BE POST OFFICE BOX**) Miami, FL 33139

5/13/2009 3. Date of filing/registration in Florida L09000046302 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Halfon, Michelle

Registered Office Address: 745 13th Street, Suite 6
Miami, FL 33139

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Jet Set Group, LLC

NEW Registered Office Address: 745 13th Street, Suite 6
(MUST BE FLORIDA STREET ADDRESS) Miami
, FL 33139

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michelle Halfon
Signature of a member or authorized representative of a member

Michelle Halfon

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
JUN 23 AM 11:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA