

L1 00000 11330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

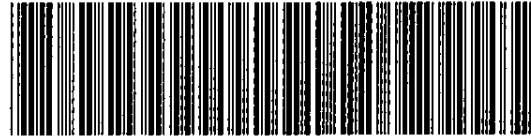
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300188247603

12/07/10--01024--019 \*\*25.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC -7 PM 1:55

FILED

J. SAULSBERRY  
EXAMINER

DEC 8 2010

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMIVAS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yorlendis Same

Name of Person

AMIVAS LLC

Firm/Company

3710 NW 166 Street

Address

Miami Florida 33054

City/State and Zip Code

yorlendissame@yahoo.es

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

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2010 DEC -7 PM 1:55  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Yorlendis Same

Name of Person

at ( 786 )

234-3640

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

☐ \$55 Filing Fee & Certified Copy

**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: AMIVAS LLC

2. (a) Principal office address of limited liability company: 3710 NW 166 Street

(**Note: MUST BE STREET ADDRESS**) Miami Florida 33054

(b) Mailing address of limited liability company: 3710 NW 166 Street

(**Note: MAY BE POST OFFICE BOX**) Miami Florida 33054

February 01 2010 3. Date of filing/registration in Florida L10000011330 4. Document number

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

Registered Agent: Yorlendis Same

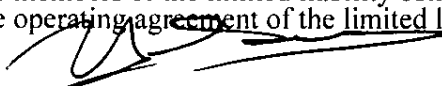
Registered Office Address: 2360 SW 51st PL  
Ft. Lauderdale FL 33312

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

**NEW** Registered Agent: Yorlendis Same

**NEW** Registered Office Address: 3710 NW 166 Street  
(**MUST BE FLORIDA STREET ADDRESS**) Miami, FL 33054

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.

  
Signature of a member or authorized representative of a member

Yorlendis Same  
Printed or typed name of signee

*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 of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**

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DEC - 7 PM 1:55  
TALLAHASSEE, FLORIDA  
CLERK OF STATE



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

PLEASE ADD THIS  
EIN TO MY LLC.

Date of this notice: 02-02-2010

Employer Identification Number:  
27-1807043

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

AMIVAS LLC  
YORLENDIS SAME SR SOLE MBR  
2360 SW 51ST PL  
FT LAUDERDALE, FL 33312

OLD

New AMIVAS LLC  
YORLENDIS SAME SR SOLE MBR  
3710 NW 166 Street  
MIAMI FL 33054

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-1807043. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

FILED  
2010 FEB 7 PM 1:55  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535