

L10 000016824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

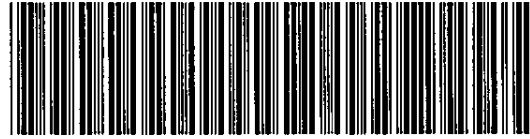
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY 28 PM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stevens MAY 29 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2014

ELEONORA TODARO
860 COLLINS AVE
MIAMI BEACH, FL 33139

SUBJECT: WHISPERING BREEZE, LLC
Ref. Number: L10000016824

We have received your document for WHISPERING BREEZE, 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: 814A00009853

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WHISPERING BREEZE 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:

Eleonora Todaro

Name of Person

Jet Set Group LLC

Firm/Company

860 Collins Avenue

Address

Miami Beach

City/State and Zip Code

info@jetsetgroupllc.com

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

For further information concerning this matter, please call:

Eleonora Todaro

Name of Person

at (**305**) **798 30 95**

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

SEC. OF REVENUE
 TALLAHASSEE, FL 32301
 14 MAY 28 AM 10:02
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WHISPERING BREEZE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/12/2010 and assigned Florida document number L10000016824.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 860 COLLINS AVENUE
(Principal office address MUST BE A STREET ADDRESS) MIAMI BEACH
FLORIDA 33139

Enter new mailing address, if applicable: 860 COLLINS AVENUE
(Mailing address MAY BE A POST OFFICE BOX) MIAMI BEACH
FLORIDA 33139

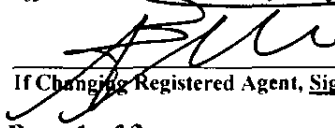
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JET SET GROUP LLC
New Registered Office Address: 860 COLLINS AVENUE
Enter Florida street address
MIAMI BEACH, Florida 33139
City Zip Code

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY 26 AM 11:00
FILED

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.



If Changing Registered Agent, Signature of New Registered Agent
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>
MGR	MARCO ASTORI	860 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH	<input type="checkbox"/> Remove
		FLORIDA 33139	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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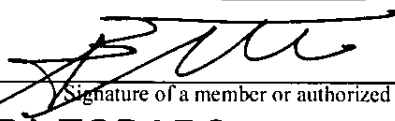
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 APRIL 28TH, 2014



Signature of a member or authorized representative of a member
ELEONORA TODARO

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA