

L10 000016824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

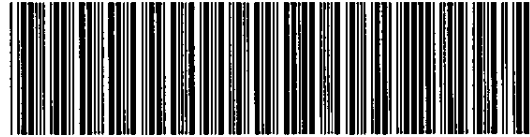
(Business Entity Name)

(Document Number)

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

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

J. Shivers MAY 29 2014

657



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** )

Area Code

**798 30 95**

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

14 MAY 28 AM 10:22  
TALLAHASSEE, FL 32301  
WHISPERING BREEZE LLC  
info@jetsetgroupllc.com

**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:**

**(Principal office address MUST BE A STREET ADDRESS)**

860 COLLINS AVENUE

MIAMI BEACH

FLORIDA 33139

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

860 COLLINS AVENUE

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

City

, Florida

33139

Zip Code

**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

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            |
|              |              |                    | <input type="checkbox"/> Remove         |
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14 MAY 2014  
 SEC. OF STATE  
 TALLAHASSEE, FLORIDA  
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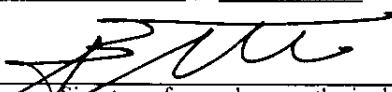
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 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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14 MAY 28 AM 10:02  
SECTION 1 OF STATE  
TALLAHASSEE, FLORIDA