

L10000020148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

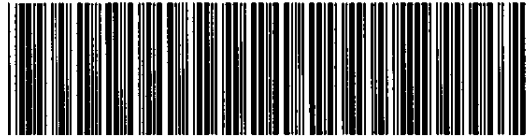
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 JAN -2 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRIAN C. PERLIN, P.A.

Making a difference one family at a time

Brian C. Perlin, Esquire

Florida Bar Certified Specialist, Wills, Trusts & Estates

Florida Certified Public Accountant

CERTIFIED FINANCIAL PLANNER™

201 Alhambra Circle, Suite 503, Coral Gables, FL 33134

Phone: 305-443-3104 | Fax: 305-443-0106

brian@perlinstateplanning.com

FedEx Tracking No.: 772416504350

December 30, 2014

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

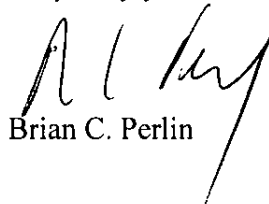
Dear Sir or Madam,

Enclosed please find the following:

- Form for filing Articles of Amendment to amend the articles of organization of CLP 4700 NW 15 CT LLC, a Florida Limited Liability Company,
- Check in the amount of \$60.00 representing the filing fee for above LLC,
- Form for filing Articles of Amendment to amend the articles of incorporation of CLP Investments Management Inc., a Florida Profit Corporation,
- Check in the amount of \$52.50 representing the filing fee for above corporation,
- Form for filing Articles of Amendment to amend the articles of incorporation of Clean Living Properties, Inc., a Florida Profit Corporation, and
- Check in the amount of \$52.50 representing the filing fee for above corporation.

Please contact our office should you have any questions about this letter.

Very truly yours,



Brian C. Perlin

BCP/dm
Enclosures

{00084361.DOC;1}

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLP 4700 NW 15 CT 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:

Brian C. Perlin

Name of Person

The Law Office of Brian C. Perlin, P.A.

Firm/Company

201 Alhambra Circle, Suite 503

Address

Coral Gables, Florida 33134

City/State and Zip Code

Brian@perlinestateplanning.com

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

For further information concerning this matter, please call:

Heidi Whitford

352 2830535

at (_____) _____

Name of Person

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

CLP 4700 NW 15 CT, LLC

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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	Michael S. Liberman	844 Belle Meade Island Drive,	<input type="checkbox"/> Add
		Miami, Florida 33138	<input checked="" type="checkbox"/> Remove
MGR	Heidi Whitford	844 Belle Meade Island Drive,	<input checked="" type="checkbox"/> Add
		Miami, Florida 33138	<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

19 JAN 2 AM 9:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

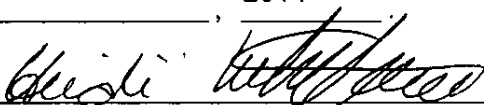
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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 December 31, 2014



Signature of a member or authorized representative of a member

Heidi Whitford, Personal Representative of the Estate of Michael S. Liberman

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA