

L100000037157

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2013 SEP 25 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 26 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEVES & GRIMBERG 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:

ISABELA NEVES
Name of Person

Firm/Company

973 S.W. 15TH ST.
Address

DEERFIELD BEACH, FL 33441
City/State and Zip Code

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

For further information concerning this matter, please call:

ISABELA NEVES at (954) 708-9700
Name of Person Area Code & Daytime Telephone Number

2013 SEP 25 AM 11:03
TALLAHASSEE, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NEVES & GRIMBERG 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 04/06/2010 and assigned
Florida document number L10000037157.

This amendment is submitted to amend the following:

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

TEMPORADA PLUS LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

973 SW 15TH ST

DEERFIELD BEACH, FL 33441

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HENRIQUE NEVES	973 SW 15TH STREET	<input type="checkbox"/> Add
		DEERFIELD BEACH	<input type="checkbox"/> Remove
		FL 33441	
MGR	ISABELA NEVES	973 SW 15TH STREET	<input type="checkbox"/> Add
		DEERFIELD BEACH	<input type="checkbox"/> Remove
		FL 33441	
MGR	MENACHEM GRIMBERG	5600 COLLINS AVE #16T	<input type="checkbox"/> Add
		MIAMI BEACH	<input checked="" type="checkbox"/> Remove
		FL 33140	
MGR	MARCILIA GRIMBERG	5600 COLLINS AVE #16T	<input type="checkbox"/> Add
		MIAMI BEACH	<input checked="" type="checkbox"/> Remove
		FL 33140	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated August, 29, 2013

Isabela Neves

Signature of a member or authorized representative of a member

ISABELA B. DE ALCANTARA NEVES

Typed or printed name of signee

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TALLAHASSEE, FLORIDA