

L10000105396

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG - 1 PM 2:25

Rec'd 8/1/11

B T-Book AUG 08 2011

July 27, 2011

Florida Dept of State
Registration Section
Division Of Corporations
Clifton Bldg.
2661 Executive Center Cr.
Tallahassee, Fl. 32301

REF: ANNUAL REPORT FOR A LIMITED LIABILITY COMPANY

Dear Sir:

Attached the annual report and Articles of amendment of the company:
Peninsula 703, LLC.

For that purpose we enclose check for \$563.75, which includes:

Annual Report:	\$138.75
Late Fee:	\$400.00
Filing Fee:	<u>\$ 25.00</u>
Total:	\$563.75

Thank you

German Ocampo

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PENINSULA 703, 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:

GERMAN OCAMPO

Name of Person

Firm/Company

2893 EXECUTIVE PARK DR. SUITE 118

Address

WESTON FL 33331

City/State and Zip Code

MOTIWATCHES@GMAIL.COM

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

For further information concerning this matter, please call:

GERMAN OCAMPO

Name of Person

at (**786**) **246-4160**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

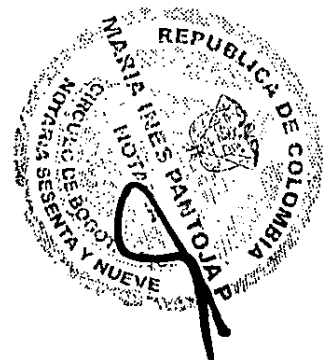
- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



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

PENINSULA 703,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 10/07/2010 and assigned
Florida document number L10000105396

11 AUG -1 PM 2:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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)

2893 EXECUTIVE PARK DR. SUITE 118
WESTON FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2893 EXECUTIVE PARK DR. SUITE 118
WESTON FL 33331

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:

GERMAN OCAMPO

New Registered Office Address:

2893 EXECUTIVE PARK DR. SUITE 118

Enter Florida street address

WESTON

City

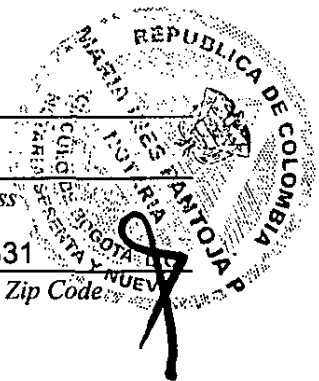
Florida 33331

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	RUTH J BOHORQUEZ	3201 NE. 183 ST SUITE 703 AVENTURA, FL. 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	IZHAK COHEN	2893 EXECUTIVE PARK DR. SUITE 118 WESTON, FL 33331	<input checked="" type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JULY 08, 2011

Signature of a member or authorized representative of a member

RUTH J BOHORQUEZ

Typed or printed name of signee