

L10000108590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

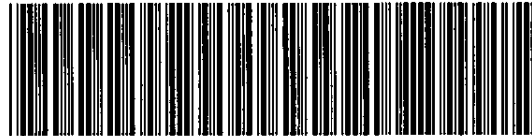
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600278290476

10/22/15--01009--015 **25.00

FILED
15 OCT 22 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SE FLORIDA VENTURES, 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:

LOU FUOCO

Name of Person

SE FLORIDA VENTURES, LLC

Firm/Company

772 US HIGHWAY ONE, SUITE 200

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

LFUOCO@FUOCO.COM

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

FILED
15 OCT 22 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SHERI ANDREWS

at (561) 626-0400

Name of Person

Area Code

Daytime Telephone Number

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGMR	VINNY FERRARA	772 US HIGHWAY ONE	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		N. PALM BEACH, FL 33408	<input type="checkbox"/> Change
MGMR	GIULIANI BOTTICELLI	772 US HIGHWAY ONE	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		N.PALM BEACH, FL 33408	<input type="checkbox"/> Change
MGMR	RICH LONGOBARDI	772 US HIGHWAY ONE	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		N.PALM BEACH, FL 33408	<input type="checkbox"/> Change
MGMR	DAVE ZAJAC	772 US HIGHWAY ONE	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		N. PALM BEACH, FL 33408	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 OCT 22 1993
 FILE

13 OCT 22 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
OCT 22 PM 3:25
13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Oct. 19, 2015

Signature

Signature of a member or authorized representative of a member

LOU FUOCO, MANAGING MEMBER

Typed or printed name of signee