

L10000130825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

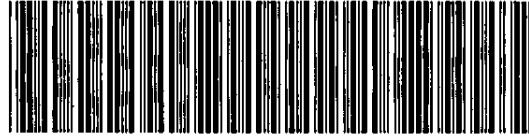
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only:



600267868916

L10-130825

Amend

12/31/14--01017--029 **250.00

25

FILED
14 DEC 31 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 14 2015

N. CAUSSEAU

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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

FILED
 DEC 31 PM 1:01
 SECRETARY OF STATE
 ALLIANCE FLORIDA

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

Amend Address of Manager to:

VALIENTE, MARIA C.

445 West 40th Street

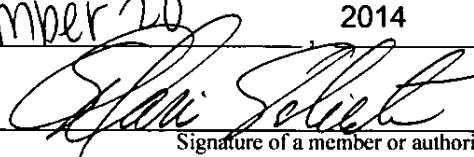
Suite 3730

Miami Beach, Florida 33140

E. Effective date, if other than the date of filing: 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 November 20, 2014



Signature of a member or authorized representative of a member

MARIA C. VALIENTE, Manager

FILED
14 DEC 31 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA