

L12000095807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

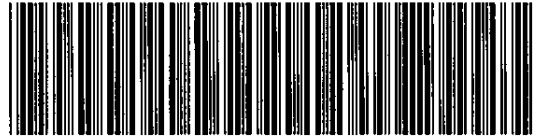
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL 32304

JUN 16 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUE DICE 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:

Benjamin Schiff

Name of Person

Benjamin Schiff Attorney At Law

Firm/Company

1901 Harrison St

Address

Hollywood, FL 33020

City/State and Zip Code

westonusa@gmail.com

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

For further information concerning this matter, please call:

Ben Schiff

Name of Person

at 954 921-6431

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

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

QUE DICE LLC

Page 1 of 3

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	Brian Bussey	1800 N Bayshore Dr	<input type="checkbox"/> Add
		#1905	<input checked="" type="checkbox"/> Remove
		Miami, FL 33132	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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ST. JOHNS COUNTY
TALLAHASSEE, FL 32309

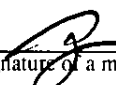
011111

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

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 June 11, 2014.



Signature of a member or authorized representative of a member

Benjamin Schiff

Typed or printed name of signer

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Page 3 of 3

Filing Fee: \$25.00