

L12000151032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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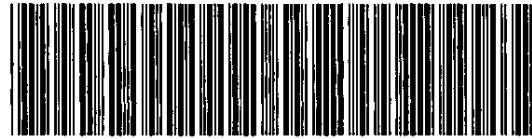
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 14 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWO BROTHERS MIAMI GROUP, 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:

ALICIA TRUGLIA
Name of Person

TWO BROTHERS MIAMI GROUP, LLC
Firm/Company

1239 E. NEWPORT CENTER DR #101
Address

DEERFIELD BCH, FL 33442
City/State and Zip Code

ATRUGLIA@INSURANCECAREDIRECT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALICIA TRUGLIA at (954) 363-7101
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

Two Brothers Miami Group, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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>
MGRM	ARNOLD COHEN	1239 E. NEWPORT CENTER DR.	☒ Add
		SUITE 101	☐ Remove
		DEERFIELD BCH, FL 33442	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated January 9, 2013.

Signature of a member or authorized representative of a member

SETH COHEN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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