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(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

FEB 19 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LDVFL 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:

NATALIA BENDERSKY

Name of Person

LEVEL 5 SERVICES INC

Firm/Company

1680 MICHIGAN AVENUE STE 1024

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

NBENDERSKY@GETAFFINITY.COM

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

For further information concerning this matter, please call:

NATALIA BENDERSKY

Name of Person

at 305 673-1160

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

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TALLAHASSEE, FLORIDA

LDVFL LLC

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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:

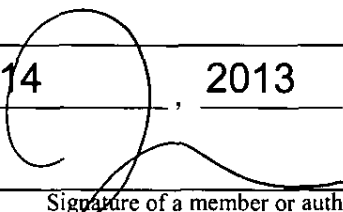
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SILVIA F. COLLOMB	1680 MICHIGAN AVENUE STE 1024	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
MGR	SILVINA F. COLLOMB	1680 MICHIGAN AVENUE STE 1024	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated FEBRUARY 14, 2013



Signature of a member or authorized representative of a member

PABLO E. BERMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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