

L13000075625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

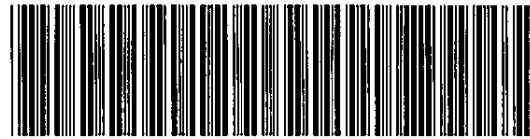
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500256337495

02/06/14--01019--016 **25.00

FEB - 7 2014

CLINE

2014 FEB - 6 PM 12:41
CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PENINSULA 1003, 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:

MENDELSON, ASHI

Name of Person

Firm/Company

828 SPINNAKER DRIVE

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

mendelson65@gmail.com

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

For further information concerning this matter, please call:

MENDELSON, ASHI

Name of Person

at **305 6320502**

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

2014 FEB -6 PM 12:41

FILED

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	RODIE BENSIMON	21355 E. DIXIE HWY	☒ Add
		SUITE 101	☐ Remove
		AVENTURA, FL 33180	
AMBR	LLAM TRUST LLC	2500 E. HALLANDALE BEACH BLVD	☒ Add
		SUITE PH-1	☐ Remove
		HALLANDALE, FL 33009	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

2014 FEB - 11 PM 3:41

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 **FEBRUARY 3**, **2014**



Signature of a member or authorized representative of a member

MENDELSON, ASHI

Typed or printed name of signee

FILED
2014 FEB -6 PM 12:41
OFFICE OF THE CLERK
STATE OF FLORIDA