

#L13000079291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 11 2014

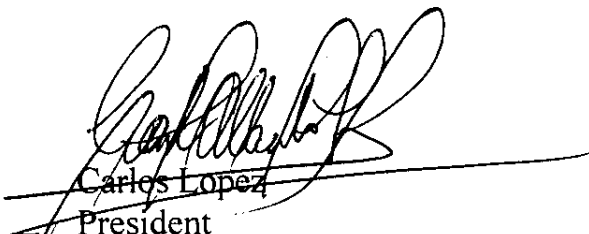
GRAND BAY 9810, LLC.
10650 NW 29 TERRACE, DORAL, FL, 33172

February 11, 2014

Document Number: L13000079291

Enclosed please find the Articles of Amendment for the above named corporation.

Should you have any questions please contact us at (305) 888-0146 Ext 318



Carlos Lopez
President



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2014

GRAND BAY 9810, LLC.
CARLOS LOPEZ
10650 NW 29 TERR
DORAL, FL 33172

SUBJECT: GRAND BAY 9810 LLC
Ref. Number: L13000079291

We have received your document for GRAND BAY 9810 LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 614A00003793

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GRAND BAY 9810 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:

JUAN CARLOS BRICENO

Name of Person

Firm/Company

10650 NW 29 TERRACE

Address

DORAL, FL, 33172

City/State and Zip Code

JCBRICENO@KOVERCO.COM

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

For further information concerning this matter, please call:

JUAN CARLOS BRICENO at **(305) 888-0146**

Name of Person

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
<u>MGR</u>	<u>BARLUISRI CORPORATION</u>	<u>1ST FL YAMRAJ BLDG PO BOX 875 ROAD TOWN</u>	<input type="checkbox"/> Add
		<u>TORTOLA, BRITISH VIRGIN ISLAND</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>CARLOS ALBERTO LOPEZ</u>	<u>10650 NW 29 TERRACE</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL, FL, 33172</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>SASHA ANDREINA BOLIVAR</u>	<u>10650 NW 29 TERRACE</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL, FL, 33172</u>	<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

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

THE % OWNED BY THE MEMBERS IS AS FOLLOWS:

BARLUISRI CORPORATION 0 %

CARLOS ALBERTO LOPEZ 50%

SASHA ANDREINA BOLIVAR 50%

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 **MARCH 3**, **2014**

Signature of a member or authorized representative of a member

JUAN CARLOS BRICENO

Typed or printed name of signee