

L13000109615

(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:

Amended

Office Use Only



200251471642

09/09/13--01033--023 **25.00

2013 SEP -9 AM 8:22
FILE
11/09/2013

J. SAULSBERRY
EXAMINER

SEP 12 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIRST 1300 PENNSYLVANIA 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:

Federico Olivieri

Name of Person

Firm/Company

130 3RD STREET, SUITE 105

Address

Miami Beach/FL 33139

City/State and Zip Code

olivieri.federico@gmail.com

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

For further information concerning this matter, please call:

Federico Olivieri

Name of Person

323 3047145

at ()

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

2013 SEP -9 AM 8:22

FIRST 1300 PENNSYLVANIA LLC

Page 1 of 3

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	Federico Olivieri	130 3RD STREET	<input type="checkbox"/> Add
		#105	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

013 SEP - 9 AM
STATE
11/02/07

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

Dated SEPTEMBER 04, 2013.



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP -9 AM 8:22
CLERK
COURT