

L13000142459

(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



000263487300

09/02/14--01057--009 **30.00

FILED

2014 SEP - 2 P 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP - 9 2014

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **EVENT SECURITY EXPERTS OF SO FLORIDA 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:

DAVID BERGER

Name of Person

Firm/Company

3582 NW 91 LANE

Address

SUNRISE FL 33351

City/State and Zip Code

victor@etaxrefund.us

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

For further information concerning this matter, please call:

VICTOR ANDRADES

Name of Person

305 502-8521

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

RECEIVED
DIVISION OF CORPORATIONS
SEP 2 12 51 PM '14

FILED

EVENT SECURITY EXPERTS OF SOUTH FLORIDA, LLC

Page 1 of 3

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>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

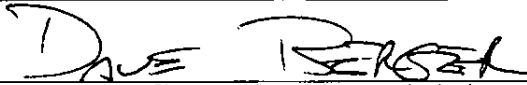
FILED
 24 SEP - 2 PM
 CLERK OF STATE
 ALABAMA DEPT OF REVENUE

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 08/11, 2014



Signature of a member or authorized representative of a member

DAVID BERGER

Typed or printed name of signee

FILED
2014 SEP - 2 P 12:52
CLERK OF STATE
TALLAHASSEE, FLORIDA