

214 0000 04777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

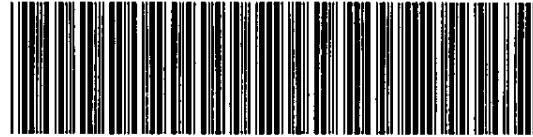
(Business Entity Name)

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J. Shivers JAN 30 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CEVI FAMILY HOLDINGS, 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:

MARIA HARDIE

Name of Person

SORDO & ASSOCIATES, PA

Firm/Company

3006 AVIATION AVENUE STE 2A

Address

MIAMI, FL 33133

City/State and Zip Code

MHARDIE@SORDOLAW.COM

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

For further information concerning this matter, please call:

MARIA HARDIE

Name of Person

305 859-8107

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

CEVI FAMILY HOLDINGS, LLC

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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	CESAR M. SORDO	3006 AVIATION AVE. SUITE 2A	☐ Add
		COCONUT GROVE, FL 33133	☒ Remove
MGR	VICTORIA M. SORDO	3006 AVIATION AVE., STE.2A	☒ Add
		COCONUT GROVE, FL 33133	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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 **JANUARY 24TH**, **2014**

Signature of a member or authorized representative of a member

CESAR R. SORDO

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
JAN 23 2014
14 JAN 23 PM 04:57