

#L14000010684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

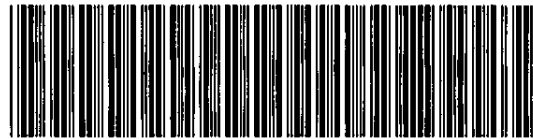
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 MAR 21 PM 5:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAR 25 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GALLERIA AT DOWNTOWN FORT PIERCE, 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:

ANA MARIA VIDAL

Name of Person

ANA MARIA VIDAL & ASSOCIATES

Firm/Company

621 E 48TH STREET

Address

HIALEAH, FL 33013

City/State and Zip Code

greg.pope@klockle.com

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

For further information concerning this matter, please call:

GREGORY POPE

Name of Person

at ( 828 ) 684-9085

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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2014

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

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>
MGR	GUSTAVO GUTIERREZ	1239 ALTON ROAD	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
AMBR	MARTIN LARSSON	10 VENETIAN WAY, UNIT 506	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<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

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

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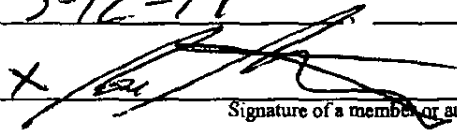
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 ☒ 3-12-14 \_\_\_\_\_



Signature of a member or authorized representative of a member

**GUSTAVO GUTIERREZ**

Typed or printed name of signee