

L 14 0 000 26343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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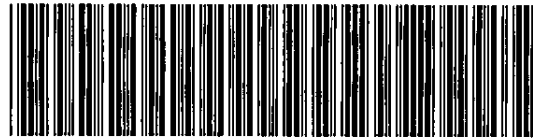
(Business Entity Name)

(Document Number)

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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

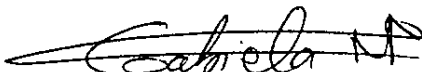
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marina Kessler	16300 NE 19th Ave	<input type="checkbox"/> Add
		Suite A	<input checked="" type="checkbox"/> Remove
		North Miami, FL 33162	
MGR	Darosh Ibarra	1136 NE 37 Place	<input checked="" type="checkbox"/> Add
		Homestead, FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> 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 08/07/2014, _____



Signature of a member or authorized representative of a member

Gabriela Naves Peña

Typed or printed name of signee

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