

L14000035522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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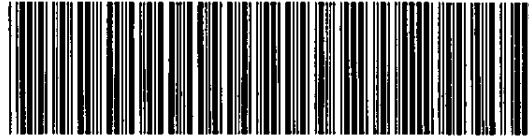
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newgard Realty 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:

Harvey Hernandez

Name of Person

Newgard Realty LLC

Firm/Company

1200 Brickell Avenue, Suite 1500

Address

Miami, FL 33131

City/State and Zip Code

cdecastro@newgardgroup.com

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

For further information concerning this matter, please call:

Cristina De Castro

at (305) 938-5707

Name of Person

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

Newgard Realty, 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	Vanessa Hernandez	1200 Brickell Avenue	<input type="checkbox"/> Add
		Suite 1500	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	
MGR	Barbara Estela	1200 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 1500	<input type="checkbox"/> Remove
		Miami, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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: December 3, 2014 **(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 November 21, 2014

Signature of a member or authorized representative of a member

Harvey Hernandez

Typed or printed name of signer

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Filing Fee: \$25.00

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