

#L14000082630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

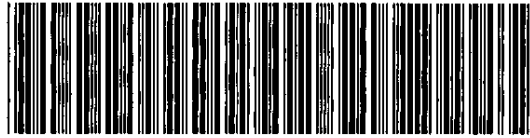
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600270919376

03/26/15--01022--006 **25.00

FILED

2015 MAR 26 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MALVERNE HOMES, 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:

THAMARA PEREZ

Name of Person

TABADESA ASSOCIATES

Firm/Company

419 WEST 49 STREET SUITE 111

Address

HIALEAH, FL 33012

City/State and Zip Code

TAMMYP@TABADESA.COM

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

For further information concerning this matter, please call:

TAMMY PEREZ

Name of Person

at 305 558-0622

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

FILED
2015 MAR 26 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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	EDUARDO OTERO	11115 W OCKEECHOBEE ROAD	<input type="checkbox"/> Add
		UNIT # 131	<input checked="" type="checkbox"/> Remove
		HIALEAH, FL 33018-4272	
MGR	YAMILA PINA	11115 W OCKEECHOBEE ROAD	<input type="checkbox"/> Add
		UNIT # 131	<input checked="" type="checkbox"/> Remove
		HIALEAH, FL 33018-4272	
MGR	OTERO PINA LLC	11115 W OCKEECHOBEE ROAD	<input checked="" type="checkbox"/> Add
		UNIT # 131	<input type="checkbox"/> Remove
		HIALEAH, FL 33018-4272	
MGR	VERITAS DEVELOPMENT	1815 GREGORY ROAD	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33406	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 15 2016 2:30 PM

FILED

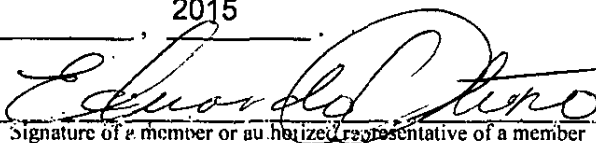
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN# 46-5731859

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 MARCH 20TH 2015



Signature of a member or authorized representative of a member

EDUARDO OTERO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 MAR 26 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA