

L14000108878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

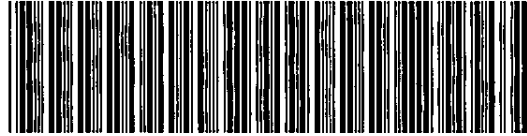
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000265719500

10/28/14--01021--008 \*\*30.00

FILED  
14 OCT 28 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 29 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MPM 17A, 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:

Michael I Bernstein

\_\_\_\_\_  
Name of Person

The Bernstein Law Firm

\_\_\_\_\_  
Firm/Company

1688 Meridian Avenue, Suite #418

\_\_\_\_\_  
Address

Miami Beach, FL 33139

\_\_\_\_\_  
City/State and Zip Code

michael@bernstein-lawfirm.com

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

For further information concerning this matter, please call:

Michael I Bernstein

305 672-9544  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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





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 Plaza 17A, SA	Calle 51 Y Avenida Manuel Icaza	<input type="checkbox"/> Add
		4 Piso Oficina 412 Bellavist, PA Panama	<input checked="" type="checkbox"/> Remove
MGR		MPM 17A, LLC	<input checked="" type="checkbox"/> Add
		1688 Meridian Avenue, Suite #418	<input type="checkbox"/> Remove
		Miami Beach, Florida 33139	
			<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

FILED  
14 OCT 28 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

---

---

---

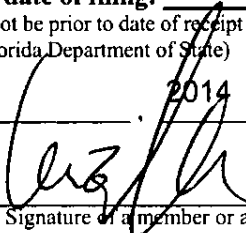
---

---

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 October 27, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Raziel Ofer, Manager

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
14 OCT 28 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA