

44000123057

(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



900269611789

03/02/15--01004--006 **50.00

FILED
2015 MAR -2 PM 5:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 13 2015
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aventura Fine Cars 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:

Josef Dimfeld

Name of Person

Aventura Cars LLC

Firm/Company

21188 West Dixie Highway

Address

Miami, FL 33180

City/State and Zip Code

josephdimfeld@hotmail.com

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

For further information concerning this matter, please call:

Josef Dimfeld

at (

305

600-0518

Name of Person

Area Code

Daytime Telephone Number

FILED
2015 MAR -2 PM 5:21
CLERK OF STATE
TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Aventura Fine Cars LLC

Page 1 of 3

FILED
2015 MAR -2 PM 5:51
CLERK OF COURT
TALLAHASSEE FLORIDA

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	Ronald Grobman	3332 NE 190TH ST - NO 2210	<input type="checkbox"/> Add
		Aventura, FI 33180	<input checked="" type="checkbox"/> Remove
MGR	Deborah Dirnfeld	21188 West Dixie Highway	<input checked="" type="checkbox"/> Add
		Miami, FI 33180	<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

FILED
2015 MAR -2 PM 5:21
CLERK 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 _____, _____



Signature of a member or authorized representative of a member

Josef Dimfeld

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
2015 MAR -2 PM 5:21
CLERK OF STATE
TALLAHASSEE FLORIDA