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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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N COOPER

JUL 19 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOLD COAST PREMIER PROPERTIES, 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:

Jorge E. Otero, Esq.

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

Jorge E. Otero & Associates, P.A.

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

75 Valencia Ave., Fourth Floor

\_\_\_\_\_  
Address

Coral Gables, Florida 33134

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

service@oterolaw.com

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

For further information concerning this matter, please call:

Jorge E. Otero, Esq.

305

567-9000

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
V	Waison Lam	16155 SW 117 Ave., Suite B2	<input checked="" type="checkbox"/> Add
		Miami, FL 33177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Waison Lam	16155 SW 117 Ave, Suite B2	<input checked="" type="checkbox"/> Add
		Miami, FL 33177	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRV	Veronica Garcia	16155 SW 117 Ave., Suite B2	<input type="checkbox"/> Add
		Miami, FL 33177	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	Veronica Garcia	16155 SW 117 Ave., Suite B2	<input type="checkbox"/> Add
		Miami, FL 33177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated JULY / 12 / 2018

July 12 1920  
 [Signature]  
 Signature of a member

Signature of a member or authorized representative of a member

Veronica Garcia, Manager

Typed or printed name of signee