

L14 000143453

(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



700263637577

09/25/14--01013--021 \*\*60.00

SEP 30 2014  
I CLINE

2014 SEP 25 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LGA Pembroke, 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:

Jose M. Gomez

Name of Person

LGA Pembroke, LLC.

Firm/Company

6095 NW 167th St Suite D3

Address

Miami, FL. 33015

City/State and Zip Code

pembroke@laurengadams.net

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 SEP 25 PM 3:22

FILED

For further information concerning this matter, please call:

Jose M. Gomez

Name of Person

at ( 305 ) 905-6789

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  
2014 SEP 25 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

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          | Joseph Ovadia  | 3776 Saratoga Ln.<br>Davie, FL. 33328           | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | Leandro Seguro | 1800 S. Ocean Dr. #607<br>Hallandale, FL. 33009 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

2017 SEP 22 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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

N/A

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 September 22, 2014

Signature of a member or authorized representative of a member

Jose M. Gomez

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 SEP 25 PM 3:22

FILED