

L14000154175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

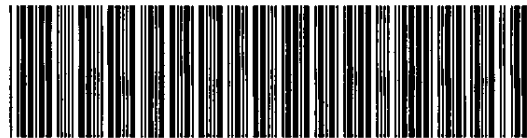
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADG403 Investments 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:

Janice Cayon

Name of Person

Blackledger Entity Manager

Firm/Company

2330 Ponce de Leon Blvd. ste 201

Address

Coral Gables, FL 33134

City/State and Zip Code

cayon@floridacpa.com

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

For further information concerning this matter, please call:

Jennifer Gil

Name of Person

at (305) 444.8800

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

ADG403 INVESTMENTS LLC

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	Manager	Fabiola Baster Massud	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 4 OCT 10 PM 11:00
 0746

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 OCT/6/2014

Signature of a member or authorized representative of a member

NELSON MASSUD

Typed or printed name of signee

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TALLAHASSEE, FLORIDA