

L 14000174295

(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:

Sign

Office Use Only



400277888314

10/09/15--01008--026 **25.00

FILED
2015 NOV -2 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV - 5 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2015

RIVER BREEZE CONDO UNIT 507, LLC
MARIA E CHIAPPY
310 NW 62 AVE.
MIAMI, FL 33126

SUBJECT: RIVER BREEZE CONDO UNIT 507, LLC
Ref. Number: L14000174295

We have received your document for RIVER BREEZE CONDO UNIT 507, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 015A00021666

RECEIVED
15 NOV -2 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIVER BREEZE CONDO UNIT 507, 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:

MARIA E. CHIAPPY

Name of Person

RIVER BREEZE CONDO UNIT 507, LLC

Firm/Company

310 NW 62 AVE

Address

MIAMI FL 33126

City/State and Zip Code

mariaelenachiappy@comcast.net

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

For further information concerning this matter, please call:

Maria E Chiappy

786

2618361

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2015 NOV -2 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RIVER BREEZE CONDO UNIT 507, LLC

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

The Articles of Organization for this Limited Liability Company were filed on November 10, 2014 and assigned
Florida document number L14000174295.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

310 NW 62 AVE

MIAMI FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

310 NW 62 AVE

MIAMI FL 33126

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

310 NW 62 AVE

Enter Florida street address

MIAMI

City

, Florida 33126

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>
AR	Priscilla Bejarano	310 NW 62 AVE MIAMI FL	☐ Add
		33126	☒ Remove
			☐ Change
MGR	Priscilla Bejarano	310 NW 62 AVE MIAMI FL	☒ Add
		33126	☐ Remove
			☐ Change
AMBR	MARIA ELENA CHIAPPY	310 NW 62 AVE MIAMI FL	☐ Add
		33126	☒ Remove
			☐ Change
MGR	MARIA ELENA CHIAPPY	310 NW 62 AVE MIAMI FL	☒ Add
		33126	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

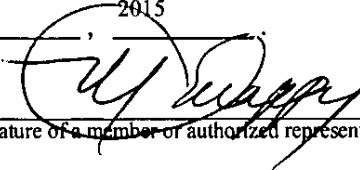
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2015 NOV -2 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 1ST

2015


Signature of a member or authorized representative of a member

MARIA ELENA CHIAPPY

Typed or printed name of signee