

L1400017787F

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

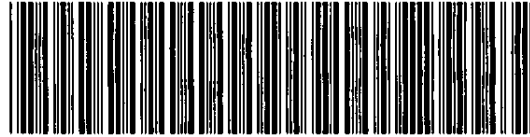
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GINWERT INVESTMENT HOLDINGS 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:

HUMBERTO C BETHENCOURT
Name of Person

GINWERT INVESTMENT HOLDINGS LLC
Firm/Company

345 S. OCEAN DRIVE # 908
Address

MIAMI BEACH, FL 33139
City/State and Zip Code

bentbethencourt@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Humberto C BETHENCOURT at (305) 495-1963
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 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	GINWERT HOLDING CORPORATION	345 S. OCEAN DRIVE MIAMI BEACH, FLORIDA 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GINWERT HOLDINGS LLC	345 S. OCEAN DRIVE #908 MIAMI BEACH, FLORIDA 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 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 12/17/2014



Signature of a member or authorized representative of a member

HUMBERTO C. BETHENCOURT

Typed or printed name of signee

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