

44000190615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

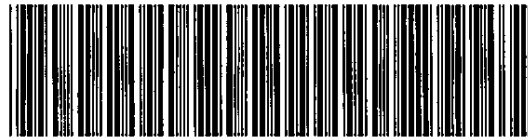
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



500267509895

12/19/14--01031--008 \*\*25.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2014 DEC 19 PM 1:43

FILED

Office Use Only

DEC 24 2014  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2706 2712 NE 32 AVE, 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:

Daniel A. Jacobson

Name of Person

Daniel A. Jacobson, P.A.

Firm/Company

901 S. Federal Highway, SUite 201

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

dan@lawjacobson.com

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

For further information concerning this matter, please call:

Dan Jacobson

954 467-3191

Name of Person

at ( )

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 DEC 19 PM 1:43

FILED

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	Julio Daniel Teson	901 S Federal Highway, Suite 201	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33316	<input type="checkbox"/> Remove
MGR	Monica Alejandra Ambrosini	901 S Federal Highway, Suite 201	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33316	<input type="checkbox"/> Remove
MGR	Daniel A. Jacobson	901 S Federal Highway, Suite 201	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2014 DEC 19 PM 4:44  
SECRETARY OF STATE  
ALLIANCE OF AMERICANS

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

---

---

---

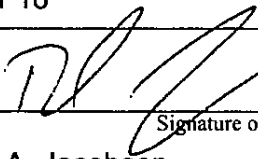
---

---

**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 December 18, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Daniel A. Jacobson

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
2014 DEC 19 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA