

L15000049274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

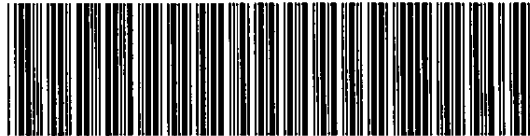
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG - 8 P 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 09 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESTAURANT VENTURES 1.0 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:

David Bauer

Name of Person

The Bauer Law Office P.A.

Firm/Company

12000 Biscayne Blvd, Suite 221

Address

Miami, FL 33181

City/State and Zip Code

david@bauerlawpa.com

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

For further information concerning this matter, please call:

David Bauer

305 712-7979
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

RESTAURANT VENTURES 1.0 LLC

Page 1 of 3

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>
MGR	CESAR A MILLAN	18164 SW 154 AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33187	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID BAUER	401 N MELROSE DRIVE	<input checked="" type="checkbox"/> Add
		MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGEL ALBERTO	6390 SW 18 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 10 2008
PM 4:50

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated

08/02/2016

 , .

A. L.

Otto Perez
Typed or printed name of signee

Typed or printed name of signee

SECRETARY OF STATE
FLORIDA

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