

L15000146475

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

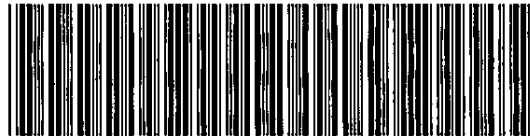
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(Business Entity Name)

\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 19 2015  
2:00 PM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ITO MIAMI, 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:

Ian G. Bacheikov, Esq.

\_\_\_\_\_  
Name of Person

Law Office of Ian G. Bacheikov, P.A.

\_\_\_\_\_  
Firm/Company

945 Pennsylvania Avenue, 1st Floor

\_\_\_\_\_  
Address

Miami Beach, Florida 33139

\_\_\_\_\_  
City/State and Zip Code

ian@bacheikov.com

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

For further information concerning this matter, please call:

Ian Bacheikov

at ( 305 )

249-8000

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

## 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>
OWNER	Garcia, Andres E	14969 SW 9th Way	<input type="checkbox"/> Add
		Miami, Florida 33194	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWNER	Olea, Larry M.	465 NW 43 Place	<input type="checkbox"/> Add
		Miami, Florida 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Olea, Larry M.	465 NW 43 Place	<input checked="" type="checkbox"/> Add
		Miami, Florida 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2013 OCT 16 AM 11:03  
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TALLAHASSEE, FLORIDA

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2015 OCT 18 AM 11:09  
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TALLAHASSEE, FLORIDA

2015 OCT 16 A 11:09  
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TALLAHASSEE, FLORIDA

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**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.

Dated October 14, 2015



Signature of a member or authorized representative of a member

Larry M. Olea

Typed or printed name of signee