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N COOPER

AUG 21 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Marina Grande 2108 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:

Marina A. Tepedino

Name of Person

Firm/Company

2937 S.W. 27th Street, Suite No. 104

Address

Coconut Grove, Florida 33133

City/State and Zip Code

marlena@marrerotitle.com

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

For further information concerning this matter, please call:

Marina A. Tepedino

305 846-9831
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

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	PEDRO MALAVE	118987 S.W. 12th Sreet	<input type="checkbox"/> Add
		Pemborke Pines, Florida 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGB	MARIA A. TEPEDINO	118987 S.W. 12th Street	<input type="checkbox"/> Add
		Pembroke Pines, Florida 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA A. TEPEDINO MAZA	118987 S.W. 12th Street	<input checked="" type="checkbox"/> Add
		Pemborke Pines, Florida 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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E. Effective date, if other than the date of filing: _____ (optional)

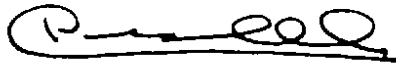
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 July 31, 2018



Signature of a member or authorized representative of a member

Pedro Malave

PEDRO MALAVE

Typed or printed name of signee