

4600096030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

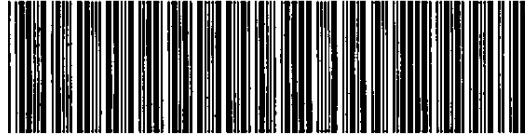
(Business Entity Name)

(Document Number)

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16 JUN -6 AM 10:44

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S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Seacoast 711 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:

Kenneth Damas  
Name of Person  
Adorno-Cunill & Damas  
Firm/Company  
1000 Brickell Ave, suite 1005  
Address  
Miami, FL 33131  
City/State and Zip Code  
Ked@adcfirm.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Kenneth Damas at ( 305 ) 381-9999  
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

Seacoast 711 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	Christian Silvestre	2000 Ponce de Leon Blvd	<input type="checkbox"/> Add
		Suite 600	<input checked="" type="checkbox"/> Remove
		Coral Gables, Fl 33134	<input type="checkbox"/> Change

MGR	Edmundo Kranfle	2000 Ponce de Leon Blvd	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Coral Gables, Fl 33134	<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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16 JUN -6 AFM: 44

**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 June 3, 2016

Christen her

Signature of a member or authorized representative of a member

Christian Silvestre

Typed or printed name of signee