

216000117496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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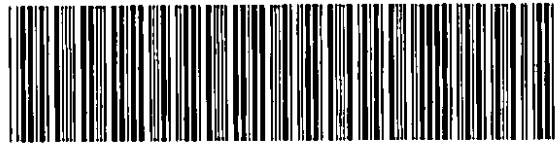
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SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 JUN 28 PM 1:32

N COOPER

JUN 28 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEW MIAMI HABITAT 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:

FERNANDO COLMENARES

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

NEW MIAMI HABITAT LLC

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

2297 NE 164 ST

\_\_\_\_\_  
Address

NORTH MIAMI BEACH, FL 33160

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

LPVACATIONS@GMAIL.COM

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

For further information concerning this matter, please call:

FERNANDO COLMENARES

786

333.9247

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

## 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	CRISTIAN MACAGNI	2297 NE 164 ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROMULO E. COLMENARES	2297 NE 164 ST	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE O. CHACON RAMIREZ	2297 NE 164 ST	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAUL M. PALMER AZUAJE	2297 NE 164 ST	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLAUDIA D.C.CHACON RAMIREZ	2297 NE 164 ST	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" 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.)*

UNITED STATES  
DEPARTMENT OF JUSTICE  
DIVISION OF INVESTIGATION

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, 22 2018

*Polmen, Res*  
Signature of a member or author

ROMULO E. COLMENARES, GENERAL MANAGER

Typed or printed name of signee