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AUG 05 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL DISTRICT MIAMI REDEVELOPMENT GROUP, 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:

MANUEL L. CRESPO, ESQ.

Name of Person

GREENSPOON MARDER PA

Firm/Company

600 BRICKELL AVENUE, SUITE 3600

Address

MIAMI, FL 33131

City/State and Zip Code

MANNY.CRESPO@GMLAW.COM

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

For further information concerning this matter, please call:

MANUEL L. CRESPO

305
at (_____) _____
Area Code

789-2770

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

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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	Blue Rock Capital Holdings LLC	4100 North Miami Ave - 2nd Floor	<input checked="" type="checkbox"/> Add
		Miami, FL 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Camilo A. Lopez	4100 North Miami Ave, 2nd FL	<input type="checkbox"/> Add
		Miami, FL 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jorge A Escobar	4100 North Miami Ave, 2nd FL	<input type="checkbox"/> Add
		Miami, FL 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NOTARY OF FLORIDA
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2012

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

16 AUG -4 AM 11:32

SECRETARY OF STATE
TALAMON, J. P. 11000
16 AUG -44 AM 11:32

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 27, 2016

Signature of a member or authorized representative of a member

MANUEL L. CRESPO

Typed or printed name of signee