

L16000216091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2016 DEC -5 P 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

DEC 06 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEST WINES OF 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:

MICHAEL SCHIFFRIN

Name of Person

THE SCHIFFRIN LAW FIRM, PLLC

Firm/Company

101 Madeira Avenue, First Floor Crosswell International Building

Address

Coral Gables, Florida 33134

City/State and Zip Code

schiffmlaw@aol.com

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

For further information concerning this matter, please call:

Michael Schiffrin

305

539-0000

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

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REC-5 P 12:07
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
Registered Agent

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>
AMBR	JEFFREY LUIDVINOVSKY	20807 Biscayne Boulevard	<input type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Aventura, Florida 33180	<input checked="" type="checkbox"/> Change
AMBR	ALEXANDRA LUIDVINOVSKY	20807 Biscayne Boulevard	<input type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Aventura, Florida 33180	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 MAY 12 2011
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
2010 DEC - 5 P 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA