

L19000058453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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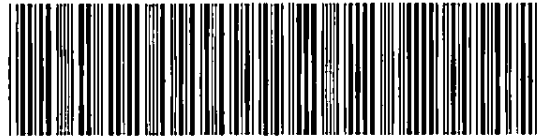
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 06/03/2019

Name: Merritt Walker

Reference #: 1090398

Entity Name: EDE TAMPA LAGOON, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other

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TALLAHASSEE, FL

Authorized Amount: \$25

Signature: um

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDE TAMPA LAGOON, 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:

Maria Acevedo, Esq.

Name of Person

Acevedo Belt, P.A.

Firm/Company

1441 Brickell Avenue, Suite 1400

Address

Miami, FL 33131

City/State and Zip Code

maria@acevedobelt.com

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

For further information concerning this matter, please call:

Maria Acevedo, Esq.

305 396-4282
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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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	EDUARDO STERN	550 BILTMORE WAY, SUITE 1100	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMMANUEL STERN	550 BILTMORE WAY, SUITE 1100	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID ADLER	1430 SOUTH DIXIE HIGHWAY, SUITE 310	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTES EDS TAMPA LAGOON, LLC	550 BILTMORE WAY, SUITE 1100	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTES EMS LAGOON, LLC	550 BILTMORE WAY, SUITE 1100	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADM WEST LAGOON, LLC	1430 SOUTH DIXIE HIGHWAY, SUITE 310	<input type="checkbox"/> Add
		MIAMI, FL 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated June 3, 2019

[Handwritten signature]

Signature of a member or authorized representative of a member

Maria Acevedo, Esq.

Typed or printed name of signee