

K21000252512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

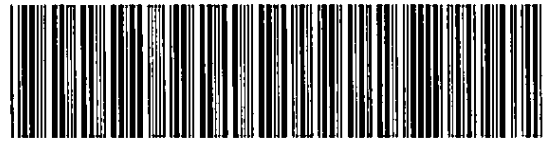
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

707

Office Use Only



000370602740

07/27/21--01021--018 **25.00

05/20/22--01005--007 **25.00

FILED
2022 MAY 20 PM 1:07
SECRETARY OF STATE
TALLAHASSEE FL 32310

*LLC
Amend*

MAY 25 2022
D. CORWELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2021

JEAN MARC LOPEZ
1900 PURDY AVENUE #2002
MIAMI BEACH, FL 33139

SUBJECT: NORMANDY MM LLC
Ref. Number: L21000252512

We have received your document for NORMANDY MM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 821A00018736

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NORMANDY MM 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:

JOHN WOLF

Name of Person

AVENTURE CAPITAL LLC

Firm/Company

1900 PURDY AVENUE STE 2002

Address

MIAMI BEACH FL 33139

City/State and Zip Code

jmlopez@aventure-capital.com

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

For further information concerning this matter, please call:

JOHN WOLF

Name of Person

at (786)

Area Code

3252626

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	JOHN WOLF	1900 PURDY AVE STE 2002 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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