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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

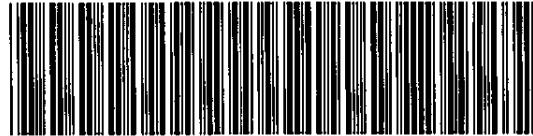
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/16--01021--014 **25.00

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16 OCT 31 PM 2:00

DIVISION OF CORPORATIONS

O SIMMONS
NOV 02 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peterson's Harley-Davidson 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:

Dirk Peterson

Name of Person

Peterson's Harley-Davidson of Miami

Firm/Company

19400 NW 2nd Ave

Address

Miami, FL 33169

City/State and Zip Code

dirk@miamiharley.com

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

For further information concerning this matter, please call:

Emily Wardell

Name of Person

at (305) 651-4811

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

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>
<u>President</u>	<u>Philip S. Peterson</u>	<u>11193 Ne 8 Ct</u>	<input type="checkbox"/> Add
		<u>Biscayne PARK, FL 33161</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Secretary</u>	<u>Charlotte Peterson</u>	<u>11193 NE 8th Ct.</u>	<input type="checkbox"/> Add
		<u>Biscayne PARK, FL 33161</u>	<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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 OCT 31 PM 2:00
DIVISION OF CORRECTIONS

77-1336

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.

(b) The 90th day after the record is filed.

Dated Oct 28, 2016

Signature of a member or authorized representative of a member

Dirk Peterson

Typed or printed name of signee