

MO5000004660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

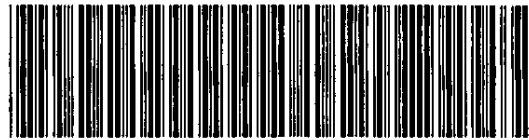
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Wrong Form

Office Use Only



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FILED

2016 OCT -3 PM 1:54 2016 SEP -6 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN

OCT 04 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2016

DUMENIGO LAW LLC  
ATTN: FEDERICO DUMENIGO  
11420 N KENDALL DR, STE 108  
MIAMI, FL 33176

SUBJECT: MB EDEN LLC  
Ref. Number: M05000004660

2011 OCT -3 PM 4:36  
TALLAHASSEE, FLORIDA

We have received your document for MB EDEN 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):

The form you submitted is for a Florida limited liability company, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 116A00019406

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MB Eden LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Federico Dumenigo  
Name of Person

Dumenigo Law  
Firm/Company

11420 N Kendall Dr., Suite 108  
Address

Miami, FL 33176  
City/State and Zip Code

FDumenigo@DumenigoLaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Federico Dumenigo at ( 305 ) 640-8210  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of:

State: MB Eden LLC

Enter new principal office address, if applicable:

(Principal office address  
MUST BE A STREET ADDRESS)

4525 Collins Ave  
Miami Beach FL 33140

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

4525 Collins Ave  
Miami Beach FL 33140

2. The Florida document number of this limited liability company is: MO5000004660

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 22, 2005

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Dumenigo Law LLC

New Registered Office Address: 11420 N Kendall Dr. Suite 108

*Enter Florida Street Address*

Miami, Florida 33176  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/Capacity	Name	Address	Type of Action
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MGR	Rafael Chapur	55 Miracle Mile Suite 200 Coral Gables, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	Manuel Sosa	4525 Collins Ave Miami Beach FL 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

MANUEL SOSA  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2016 OCT -3 PM 1:54  
CLERK OF STATE  
TALLAHASSEE, FL 32301