

M13000004458

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTHAMPTON N.V., A LIMITED LIABILITY COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

*resubmitted
8/22*

Please Rush.

*8/27
refax*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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2013 AUG 22 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



August 28, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: SOUTHEAMPTON N.V., A LIMITED LIABILITY COMPANY
REF: M13000004458

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H13000189699
Letter Number: 413A00020325

P.O. BOX 6327 - Tallahassee, Florida 32314

413000187699

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southampton N.V., a Limited Liability Company
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:

Cristina Garcia

Name of Person

Carlos Garcia, P.A.

Firm/Company

500 South Dixie Highway Suite 202

Address

Coral Gables, FL 33146

City/State and Zip Code

CristinaP@cgpalaw.com

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

For further information concerning this matter, please call:

Loly Mendoza

Name of Person

at 305 779-2479

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2561 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

413000187699

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Southampton N.V., a Limited Liability Company
2. Jurisdiction of its organization: Curacao
3. Date authorized to do business in Florida: June 16, 2013

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "LLC," 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 end with "Limited Liability Company," "LLC," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: _____

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

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: Correct "Title MGRM Administrative Directors Ltd. Lyford Manor" and "Title MGRM Administrative Managers Ltd. Lyford Cay"

To: "Title Managing Directors Administrative Directors Ltd. Manor" and "Title Managing Directors Administrative Managers Lyford Cay"

9. Attached is an original certificate, 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 a member or the authorized representative of a member

Carlos Garcia

Typed or printed name of signer

Filing Fee: \$25.00

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