

M 14000001582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

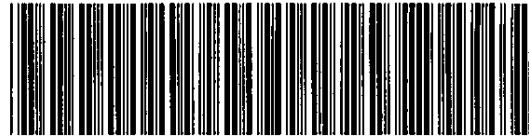
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**LAW OFFICES OWEN S. FREED**

Owen S. Freed, P.A., Attorney at Law

2655 LeJeune Road, Suite 316  
Coral Gables, FL. 33134  
Tel: 305-728-1303  
Cel: 308-903-3200  
Fax: 305-320-4602

June 12, 2014

Secretary of State  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**Via FedEx**

**SUBJECT: Second Ave. LLC.**

Dear Sir or Madam:

I herewith submit to you the enclosed Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida.

The purpose of this filing is to change the names of the Managers of the Company. The new Managers are:

Carlos Alfonso Pineda  
Cra. 7 No. 83-29, # 802  
Bogota, Colombia

Danielle Borde de Pineda  
Cra. 7 No. 83-29, #802  
Bogota, Colombia

Similarly the amendment is to remove the presently named managers, Carlos Lucien Pineda and Felipe Andre Pineda .

I enclose my check in the amount of \$55.00 for the Filing Fee, and Certified Copy.

For further information concerning this matter please call me at 305-728-1303.

Very truly yours,

  
Owen S. Freed

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Second Ave. 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:

Owen S. Freed

Name of Person

Law Offices Owen S. Freed P.A.

Firm/Company

2655 LeJeune Road, Suite 316

Address

Coral Gables, FL. 33134

City/State and Zip Code

owensfreed@gmail.com

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

For further information concerning this matter, please call:

Owen Freed

Name of Person

at ( 305 ) 728-1303

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 (1-3 must be completed)**

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

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 03/06/2014

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

4. 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.")

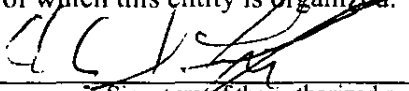
5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Carlos Alfonso Pineda - MGR - Address: Cra 7 No.83-29, Bogota, Colombia

Danielle Borde de Pineda- MGR - address: Cra 7 No.83-29, Bogota, Colombia

7. Attached is an original 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

**Owen S. Freed**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**