

L16000178370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

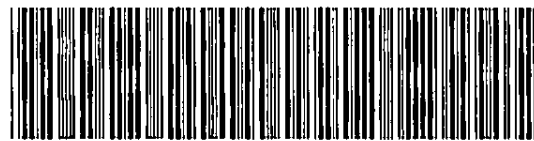
(Business Entity Name)

(Document Number)

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17 NOV 16 PM 2:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

J. LEGGETT  
NOV 16 2017

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 815 W Boynton 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:

Slava Monastirsky  
Name of Person

815 W Boynton LLC  
Firm/Company

16699 Collins Avenue, #3403  
Address

Sunny Isles, FL 33160  
City/State and Zip Code

slava.monastirsky@admortgage.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Slava Monastirsky at (305) 335-6067  
Name of Person 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>Manager</u>	<u>Mikhail Trakhtenberg</u>	<u>19333 Collins Avenue, #1106</u>	<input type="checkbox"/> Add
		<u>Sunny Isles Beach, FL 33160</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>Manager</u>	<u>Oleg Goldfayn</u>	<u>18911 Collins Avenue, #2301</u>	<input type="checkbox"/> Add
		<u>Sunny Isles Beach, FL 33160</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>Manager</u>	<u>Timur Monastyrsky</u>	<u>16699 Collins Avenue, #3403</u>	<input checked="" type="checkbox"/> Add
		<u>Sunny Isles, FL 33160</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input 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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

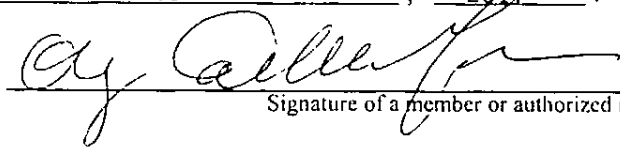
Multiple horizontal lines for amending information.

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STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: November 8, 2017 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 10 November, 2017

  
Signature of a member or authorized representative of a member

Oleg Goldfayn, Manager  
Typed or printed name of signee