

L17000 239629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

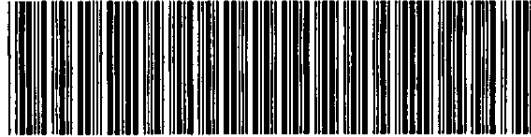
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 APR 24 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25 2018

J CHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1500 BAY ROAD UNIT 236S, 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:

CHANTAL NICHTAWITZ

Name of Person

Firm/Company

1020 NW 105TH AVENUE, B-119

Address

PLANTATION, FLORIDA 33322

City/State and Zip Code

chantal.nichtawitz@icloud.com

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

For further information concerning this matter, please call:

DUANE E. BAUM, ESQ.

954

256-9353

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

1500 BAY ROAD UNIT 236S, LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MQR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GCA HOLDINGS GROUP, LLC	1020 NW 105th Avenue, B-119	<input checked="" type="checkbox"/> Add
		Plantation, Florida 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHANTAL NICHTAWITZ	1020 NW 105th Avenue, B-119	<input type="checkbox"/> Add
		Plantation, Florida 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTHONY NICHTAWITZ	1020 NW 105th Avenue, B-119	<input type="checkbox"/> Add
		Plantation, Florida 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gloria Nichtawitz Revocable Trust	1020 NW 105th Avenue; B-119	<input type="checkbox"/> Add
		Plantation, Florida 33322	<input checked="" 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.)*

2018 APR 24 PM 2:01
SECURITY STALL
TALLAHASSEE, FLORIDA

דער
ערשטער
פארשער

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.

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

APRIL 19, 2018

Signature of a member or authorized representative of a member

DVANE E. BARNES

Typed or printed name of signee