

L120000042649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

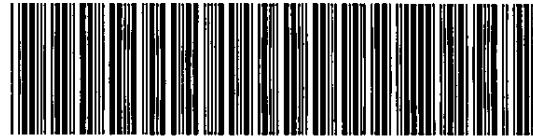
(Business Entity Name)

(Document Number)

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D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IVELIN (FL), 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:

Iva Samost

Name of Person

Iva Samost Revocable Trust

Firm/Company

PO Box 368

Address

West Berlin, NJ 08091

City/State and Zip Code

samprop@verizon.net

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

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CLERK OF COURT

For further information concerning this matter, please call:

Iva Samost

Name of Person

at **(856) 768-9100**

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

IVELIN (FL), LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	JOSEPH SAMOST	PO BOX 368	☒ Add
		WEST BERLIN, NJ 08091	☐ Remove
MGR	CHRISTINE BEIKMAN	230 COOPER ROAD	☐ Add
		WEST BERLIN, NJ 08091	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

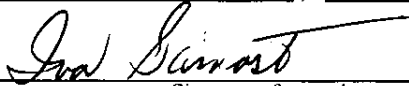
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HARRISBURG, PA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 25, 2014



Signature of a member or authorized representative of a member

IVA SAMOST

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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