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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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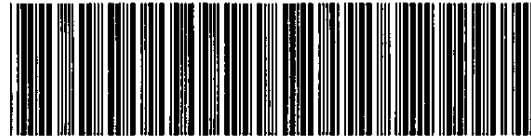
(Business Entity Name)

(Document Number)

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**MAY 17 2017
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TALLAHASSEE, FLORIDA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4014 N. 34TH ST 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:

Bryan K. Short, Esq.

Name of Person

Montgomery Fazzone, PLLC

Firm/Company

1775 Pennsylvania Avenue, NW, Suite 950

Address

Washington, DC 20006

City/State and Zip Code

bshort@mft-law.com

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

For further information concerning this matter, please call:

Bryan K. Short, Esq.

202

888-2107

at (_____) _____

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

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4014 N. 34TH ST LLC

N/A

N/A

N/A

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Luz Martinez Flores	3501 14th Street, Suite 303	<input type="checkbox"/> Add
		Washington, DC 20010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luz Victoria Martinez	3501 14th Street, Suite 303	<input checked="" type="checkbox"/> Add
		Washington, DC 20010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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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 May 11, 2017

Bryan Stov
Signature of a member or author

Signature of a member or authorized representative of a member

Bryan K. Short, Esq., Authorized representative

Typed or printed name of signee