

L19 000287865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

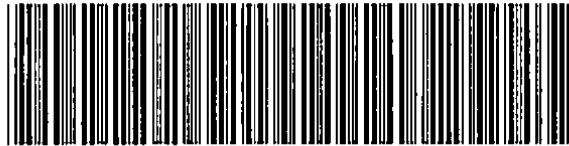
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 10x Homes 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:

Shai Mashiach

Name of Person

Firm/Company

18590 Harbor Light Way

Address

Boca Raton, Florida 33498

City/State and Zip Code

shashy79@gmail.com

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

For further information concerning this matter, please call:

Shai Mashiach at (954) 816.7070

Name of Person Area Code Daytime Telephone Number

The enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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If Changing Registered Agent, Signature of New Registered Agent

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---------------|--|---|-----------------------|
| Shai Mashaich | 18590 Harbor Light Way, Boca Raton, fl 33498 | <input checked="" type="checkbox"/> Add | |
| | | <input type="checkbox"/> Remove | |
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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.

Dated 12-10 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee