

106000048821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

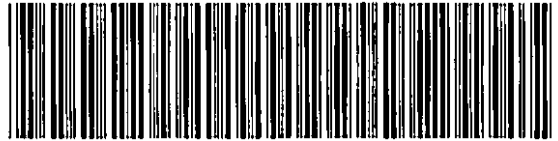
(Business Entity Name)

(Document Number)

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11:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 14 PM 2:58

N COOPER

AUG 17 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 6420 Lofts 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:

Lee C. Schmachtenberg

Name of Person

Lee C. Schmachtenberg P.A.

Firm/Company

534 Cormorant Cove

Address

Naples, FL 34113

City/State and Zip Code

Lee@schmachtenberg-law.com

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

For further information concerning this matter, please call:

Lee C. Schmachtenberg

305

494-4122

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

6420 Lofts 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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Luis Gavarrete	3006 Aviation Ave. Ste. 2A	<input type="checkbox"/> Add
		Coconut Grove, FL 33133	<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
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			<input type="checkbox"/> Change

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 14 PM 2:58

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:

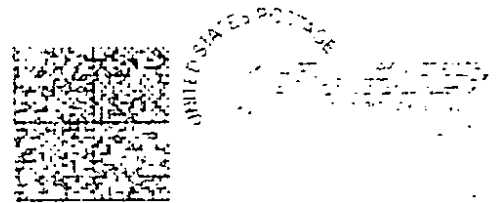
(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative

Fernando Gavarrete

Typed or printed name of signee



SCHMACHTENBERG
& ASSOCIATES

ATTORNEYS AND COUNSELORS AT LAW
1533 SUNSET DRIVE, SUITE 201
CORAL GABLES, FLORIDA 33143

TO:

Schmachtenberg
534 Cormorant Cove
Naples, FL 34113