

L060000060088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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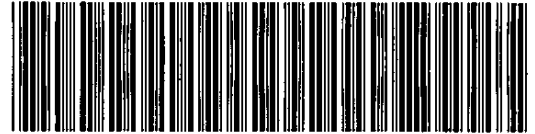
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 11 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hialeah 80, 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:

Michele B. Softness, Esq.

Name of Person

Jay Koenigsberg, P.A.

Firm/Company

1200 Brickell Avenue, Suite 1900

Address

Miami, Florida 33131

City/State and Zip Code

softness@irlaw.com

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

For further information concerning this matter, please call:

Michele B. Softness, Esq.

Name of Person

at (305)

Area Code

373-3232

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	BUY2SELL, INC.	14100 Palmetto Frontage Road	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Miami Lakes, Florida 33016	
AMBR	Elias Tobchi	14125 N. W. 80 Avenue	<input checked="" type="checkbox"/> Add
		Suite 204	<input type="checkbox"/> Remove
		Miami Lakes, Florida 33016	
AMBR	Jacqueline Barreto	14125 N. W. 80 Avenue	<input checked="" type="checkbox"/> Add
		Suite 204	<input type="checkbox"/> Remove
		Miami Lakes, Florida 33016	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 July 9, 2014.



Signature of a member or authorized representative of a member

Michele B. Softness

Typed or printed name of signee