

106000123077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

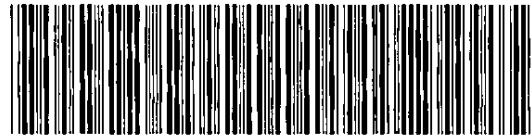
(Business Entity Name)

(Document Number)

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JUL 12 2017

JUL 13 2017
J. CHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E4GS INTERACTIVE L.L.C.

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:

JOSE R. ESTEFANO

Name of Person

E4GS INTERACTIVE L.L.C.

Firm/Company

1000 BRICKELL AVE., SUITE 900

Address

MIAMI, FLORIDA, 33131

City/State and Zip Code

JESTEFANO@E4GS.COM

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

For further information concerning this matter, please call:

JOSE R. ESTEFANO

786

351-4468

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

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>
VP	TULIO POLLER	400 SUNNY ISLES BLVD	<input type="checkbox"/> Add
		APT 1818	<input checked="" type="checkbox"/> Remove
		SUNNY ISLES BEACH, FL. 3316	<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

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

OWNERSHIP INTEREST SET AS FOLLOWS

JOSE R. ESTEFANO 51% OWNERSHIP INTEREST

ADRIAN REAL 49% OWNERSHIP INTEREST

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RECEIVED
DEPT. OF STATE
CORPORATE DIVISION

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 JULY 4TH 2017

Signature of a member or authorized representative of a member

JOSE R. ESTEFANO

Typed or printed name of signee