

L09000065060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

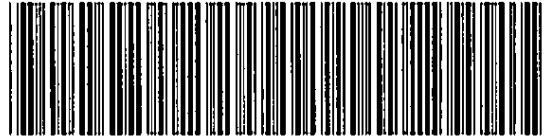
(Business Entity Name)

(Document Number)

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FILED
2018 MAY 24 PM 4:32
CLERK OF COURT
TALLAHASSEE, FLORIDA

R FIGUEROA

MAY 25 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PALM AVENUE HIALEAH, 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:

JOHN OLSEN

Name of Person

PALM AVENUE HIALEAH, LLC

Firm/Company

1900 SUNSET HARBOUR DRIVE, ANNEX 2ND FLOOR

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

azagales@yalemortgage.com

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

For further information concerning this matter, please call:

Alfredo Zagales

305

438-4100

at ()

Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PALM AVENUE HIALEAH, LLC

PALM AVENUE HIALEAH, 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>
MGR	DAVID GORDON	1900 SUNSET HARBOUR DRIVE, Annex 2 nd Floor Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DEPT. OF STATE
ATLANTA, FLORIDA

2018 MAY 24 PM 4:32
FBI ATLANTA
ATLANTA, FLORIDA

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(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)

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 of a member

JOHN OLSEN

Typed or printed name of signee