

LO9000DL66237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

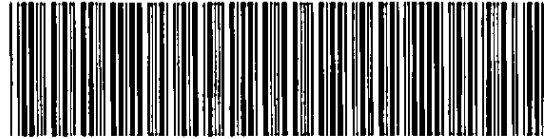
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10 OCT 15 PM 7:46

10/17/18--01035--017 \*\*25.00

2018 OCT 15 PM 1:32

G. SIMMONS  
OCT 24 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lowell International Realty, 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:

S. Lani Kahn Drody

\_\_\_\_\_  
Name of Person

Lowell International Realty, LLC

\_\_\_\_\_  
Firm/Company

1537 San Remo Ave.

\_\_\_\_\_  
Address

Coral Gables, FL 33146

\_\_\_\_\_  
City/State and Zip Code

lkdrody@lowellinternationalrealty.com

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

For further information concerning this matter, please call:

S. Lani Kahn Drody

305

520-5420

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

## 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          | Sidney L Kahn III |                        | <input type="checkbox"/> Add               |
|              |                   | 1537 San Remo Ave      |  |
|              |                   | Coral Gables, FL 33146 | <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               |
|              |                   |                        | <input type="checkbox"/> Remove            |
|              |                   |                        | <input type="checkbox"/> Change            |
|              |                   |                        | <input type="checkbox"/> Add               |
|              |                   |                        | <input type="checkbox"/> Remove            |
|              |                   |                        | <input type="checkbox"/> Change            |
|              |                   |                        | <input type="checkbox"/> Add               |
|              |                   |                        | <input type="checkbox"/> Remove            |
|              |                   |                        | <input type="checkbox"/> Change            |
|              |                   |                        | <input type="checkbox"/> Add               |
|              |                   |                        | <input type="checkbox"/> Remove            |
|              |                   |                        | <input type="checkbox"/> Change            |

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

Sidney L Kahn III - Deceased on August 29, 2018 - Death Certificate Attached.

7:46 PM  
OCT 5  
18

10/01/2018

**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 October 1, 2018

Signature of a member or authorized representative of a member

S. Lani Kahn Drody

Typed or printed name of signee