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DIVISION OF CORPORATIONS
09 DEC -3 AM 11:50

T. HAMPTON

(B-3) - 4 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1771 NE 173 STREET, 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:

DANIS ISHAKI BEHAR

Name of Person

Firm/Company

18101 COLLINS AVENUE, SUITE 1609

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

noa.ishaki@gmail.com

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

For further information concerning this matter, please call:

DANIS ISHAKI BEHAR

Name of Person

at (305) 974-0178

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

1771 NE 173 STREET, LLC.

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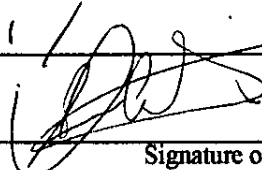
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
/	/		<input type="checkbox"/> Add <input type="checkbox"/> Remove
/	/		<input type="checkbox"/> Add <input type="checkbox"/> Remove
/	/		<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12/01/2009


Signature of a member or authorized representative of a member

DANIS ISHAKI BEHAR

Typed or printed name of signee

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