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TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

DEC 28 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emini Experts, 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:

Dante S. Giovannetti  
Name of Person

Emini Experts, LLC  
Firm/Company

P.O. Box 692746  
Address

Orlando, FL 32869-2746  
City/State and Zip Code

dan@eminexperts.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Dante S. Giovannetti at ( 407 ) 557-2721  
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

## Emini Experts, LLC

Page 1 of 2

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>
MGRM	Ron L. Moskowitz	4724 Mascagni Street Ventura, CA 93003	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Harold H. Moskowitz	24430 Victory Blvd #9 West Hills, CA 91367	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	n/a		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	n/a		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	n/a		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	n/a		<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

n/a

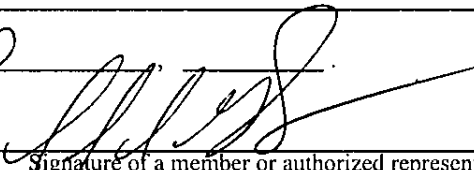
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC 27 PM 3:46

FILED

Dated

12/21/10



Signature of a member or authorized representative of a member

DANTE S. GIOVANNETTI, MGRM

Typed or printed name of signee