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(City/State/Zip/Phone #)



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(Business Entity Name)

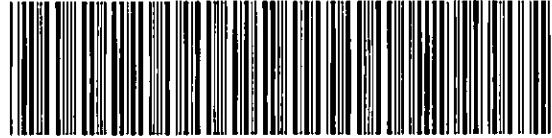
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19 MAR 19 11:47

FILED
19 MAR 19 AM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 20 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STUMPHAUZER & SLOMAN, PLLC

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:

Jenny Gonzalez

Name of Person

Stumphauzer Foslid Sloman Ross & Kolaya, PLLC

Firm/Company

One SE 3rd Avenue, Suite 1820

Address

Miami, Florida 33131

City/State and Zip Code

jgonzalez@sflaw.com

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

For further information concerning this matter, please call:

Jenny Gonzalez

305

371-9686

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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MBR	Adam M. Foslid	One SE 3rd Avenue, Suite 1820	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Ian M. Ross	One SE 3rd Avenue, Suite 1820	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Timothy A. Kolaya	One SE 3rd Avenue, Suite 1820	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<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

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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

3/19/2019, at 12:01 a.m.

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 March 18, 2019

Signature of a n

Signature of a member or authorized representative of a member

Ryan Stimpfwerfer
Typed on

Typed or printed name of signee