

L11 0000 50583

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

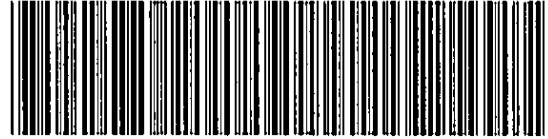
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/30/21 - 01037--003 \*\*25.00

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Ja

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAKS 19, 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:

RUBEN LISMAN  
\_\_\_\_\_  
Name of Person

SAKS 19, LLC  
\_\_\_\_\_  
Firm/Company

2950 GLADES CIRCLE UNIT 8  
\_\_\_\_\_  
Address

WESTON FL 33327  
\_\_\_\_\_  
City/State and Zip Code

ruben.lisman@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN LISMAN  
\_\_\_\_\_  
Name of Person

954 554-0431  
at (\_\_\_\_\_) \_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

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>
AMBR	KATHERINE LISMAN MELAND	2270 QUAIL ROOST DRIVE	<input checked="" type="checkbox"/> Add
		WESTON FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SOFIA LISMAN IRREVOCABLE	2270 QUAIL ROOST DRIVE	<input checked="" type="checkbox"/> Add
		WESTON FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASHLEY LISMAN IRREVOCABLE	2270 QUAIL ROOST DRIVE	<input checked="" type="checkbox"/> Add
		WESTON FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEVEN ROBERT LISMAN IRREVOCABLE	2270 QUAIL ROOST DRIVE	<input checked="" type="checkbox"/> Add
		WESTON FL 33327	<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

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2011-11-27

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee