

L11 0000 75322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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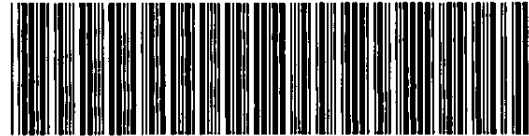
(Business Entity Name)

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SECRETARY OF STATE
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J. Shivers OCT 20 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEVREK 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:

Danny Shum

Name of Person

Danny Shum CPA

Firm/Company

5220 S. University Dr. #207

Address

Davie, FL 33328

City/State and Zip Code

ahmet@mandolinmiami.com

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

For further information concerning this matter, please call:

Danny Shum

Name of Person

954 252-5778

at (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:

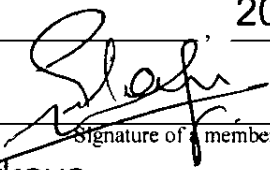
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **October 10** **2014**



Signature of a member or authorized representative of a member

Ahmet Erkaya

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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