

L11 000120102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

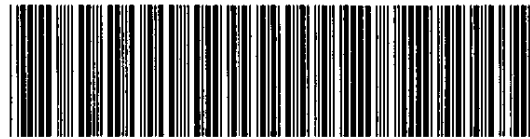
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2014

EYAL HALALI
997 E OAKLAND PARK BLVD
OAKLAND PARK, FL 33334

SUBJECT: MANI INVESTMENTS, LLC
Ref. Number: L11000120102

Upon receipt of your letter and/or check(s) totaling \$30.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00021855

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mani Investments, 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:

Eyal E. Halali

Name of Person

Firm/Company

997 E. Oakland Park Blvd.

Address

Oakland Park, FL 33334

City/State and Zip Code

e.halali@62mail.com

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

For further information concerning this matter, please call:

Eyal E. Halali

Name of Person

954 638-7034

at (

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 18 PM 8:55

Zip Code

agree to comply with

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Goor Petel, Maya	PO Box 4174	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33338	<input checked="" type="checkbox"/> Remove
MGR	Petel, Pini	PO Box 4174	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33338	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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 December 12, 2014



Signature of a member or authorized representative of a member

Eyal E. Halali

Typed or printed name of signee

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Filing Fee: \$25.00

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