

L12 0000 04534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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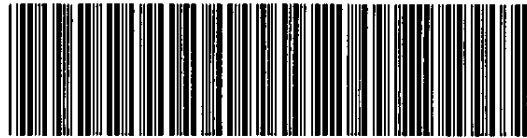
(Business Entity Name)

(Document Number)

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08/27/14--01026--020 **25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Leo 1513 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:

Klara Fishman-Sitbon, Esq.

Name of Person

Law Offices of Fishman-Sitbon, P.A.

Firm/Company

80 S.W. 8th St. FL 20

Address

Miami, FL 33130

City/State and Zip Code

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

For further information concerning this matter, please call:

Klara Fishman-Sitbon

Name of Person

at **(305) 423-7077**

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

Leo 1513 LLC

Page 1 of 3

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	Daniel Tzinker	9111 E Bay Harbour Dr. #6B	☐ Add
		Bay Harbour Island, FL 33154	☒ Remove
MGR	Olga Tsinker	9111 E Bay Harbour Dr. #6B	☒ Add
		Bay Harbour Island, FL 33154	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

N/A

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 08/11/14, _____

Signature of a member or authorized representative of a member

Olga Tsinker

Typed or printed name of signer