

L12000008778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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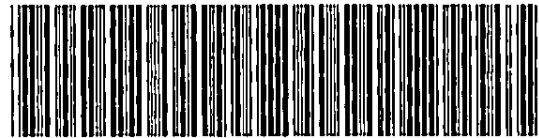
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2019 APR -2 P 11:04

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APR 12 2019

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8208, 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:

DVORA WEINREB
Name of Person

DVORA WEINREB PA
Firm/Company

20283 State Rd 7, #400
Address

Boca Raton, FL 33498
City/State and Zip Code

dvora @ dupalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dvora Weinreb at 954 274. 7730
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

FILED

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

his amendment is submitted to amend the following:

.. If amending name, enter the new name of the limited liability company here:

the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Moshe Shick, Trustee	9587 Weldon Cir	<input checked="" type="checkbox"/> Add
	Moshe Shick, RLT	# 301	<input type="checkbox"/> Remove
	dated 3/28/19	Tamarac, FL 33321	<input type="checkbox"/> Change
GR	Moshe Shick	9587 Weldon Cir	<input type="checkbox"/> Add
		# 301	<input checked="" type="checkbox"/> Remove
		Tamarac, FL 33321	<input type="checkbox"/> Change
GR	Maty Shick, Trustee	9587 Weldon Cir	<input type="checkbox"/> Add
	Maty Shick, RLT	# 301	<input checked="" type="checkbox"/> Remove
	dated 3/28/19	Tamarac, FL 33321	<input type="checkbox"/> Change
GR	Maty Shick	9587 Weldon Cir	<input type="checkbox"/> Add
		# 301	<input checked="" type="checkbox"/> Remove
		Tamarac, FL 33321	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

ated

3/28, 2019

(X)

file in S

Signature of a member or authorized representative of a member

Maty Shick
Typed or printed name of signee

Typed or printed name of signee

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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.

ated 3/28, 2019.

Moshe Shick

Typed or printed name of signee