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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 27 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOFT BAR + BISTRO, 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:

POLINA ROMANOV
Name of Person

LOFT BAR + BISTRO, LLC
Firm/Company

826 W HALLANDALE BEACH BLVD
Address

HALLANDALE, FL 33009
City/State and Zip Code

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

For further information concerning this matter, please call:

POLINA ROMANOV at (954) 455-3031
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

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LOFT BAR + BISTRO, LLC

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SILVIA FIGUEROA	2640 N.E. 215 th St	<input type="checkbox"/> Add
		MIAMI, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 20, 2012.

P. Romanov
Signature of a member or authorized representative of a member

POLINA ROMANOV
Typed or printed name of signee

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Filing Fee: \$25.00

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