

L12 0000 69795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

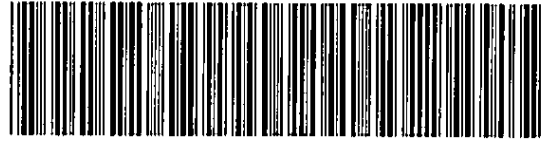
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700348857267

RECEIVED

JUL 21 2020

07/24/20 -01011--003 *\$25.00

AUG 31 2020

S. YOUNG

2020 JUL 21 AM 7:11

2020 JUL 21 AM 7:11

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: 3621 ACQUISITION 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:

SIMON NEMNI

Name of Person

3621 ACQUISITION LLC

Firm/Company

5151 COLLINS AVENUE PH-H

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

Snemni1@gmail.com

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

For further information concerning this matter, please call:

SIMON NEMNI

at (305) 467-0055

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Assigned
MAR 7 1967

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

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

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	SIMON NEMNI	5151 COLLINS AVENUE PH-H	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GEORGE TORDJMAN	1800 NE 114TH ST APT 2410	<input type="checkbox"/> Add
		MIAMI, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

X

Typed or printed name of signee

Filing Fee: \$25.00