

L120000 865F4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

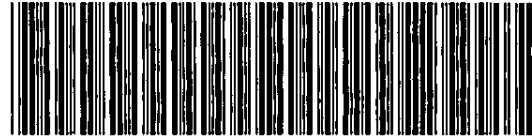
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Amity Realty, 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:

Sylvester Michaels

Name of Person

Amity Realty, LLC

Firm/Company

17070 Collins Avenue, Suite 261

Address

Sunny Isles Beach, Florida 33160

City/State and Zip Code

admin@AmityRealtyUsa.com

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

For further information concerning this matter, please call:

Sylvester Michaels

Name of Person

at **(786) 220 2512**

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

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	ROBERT CALISTRI	17070 COLLINS AVENUE	☐ Add
		SUITE 261	☒ Remove
		SUNNY ISLES BEACH, FL 33160	
MGR	Charles D Medalie	17070 COLLINS AVENUE	☒ Add
		SUITE 261	☐ Remove
		SUNNY ISLES BEACH, FL 33160	
			☐ Add
			☐ Remove
			☐ Add
			☒ Remove
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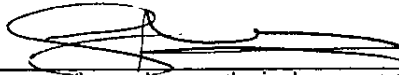


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 10/06, 2014



Signature of a member or authorized representative of a member

SYLVESTER MICHAELS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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