

L12000106275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

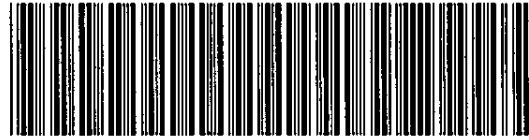
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Second Mortgage Holders SF, 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:

Christopher H. Saia

Name of Person

Second Mortgage Holders SF, LLC

Firm/Company

4713 Broadway

Address

West Palm Beach, FL 33407

City/State and Zip Code

service@saia-law.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Christopher H. Saia

at (786)

888-6354

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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REGISTRATION STATION
FALL CLASS and assigned

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

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>
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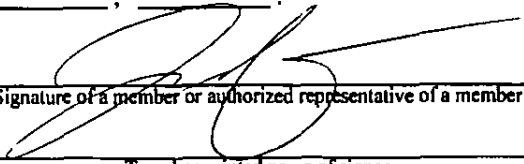
MGR	Jennifer Archila	619 43rd Street	<input type="checkbox"/> Add
		West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Remove
MGR	Christopher Saia	4713 Broadway	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 November 5, 2014


Signature of a member or authorized representative of a member

Jennifer Archila

Typed or printed name of signee

SECRETARY OF STATE
JENNIFER ARCHILA
FALL 2014

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