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EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 11012, 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:

**Eric D. Isicoff**

Name of Person

**Isicoff Ragatz & Koenigsberg**

Firm/Company

**1200 Brickell Avenue, Suite 1900**

Address

**Miami, Florida 33131**

City/State and Zip Code

**isicoff@irlaw.com**

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

For further information concerning this matter, please call:

**Eric D. Isicoff**

Name of Person

at **(305) 373-3232**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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11012, LLC

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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	Eric D. Isicoff	1200 Brickell Avenue	<input type="checkbox"/> Add
		Suite 1900	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33131	
MGR	Jordan Zimmerman	1000 W. McNab Road	<input checked="" type="checkbox"/> Add
		Suite 243	<input type="checkbox"/> Remove
		Pompano Beach, Florida	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Eric D. Isicoff

Typed or printed name of signee

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Filing Fee: \$25.00

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