

**L13000175144**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

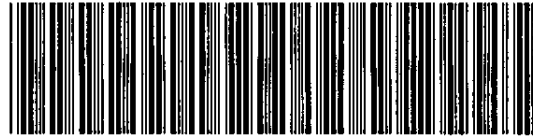
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 FEB 18 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cullen

FEB 19 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HAGSHAMA MANHATTAN 3 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:

RON ABRAHAM

Name of Person

KSDT & CO.

Firm/Company

9300 SOUTH DADELAND BLVD.

Address

MIAMI, FL, 33156

City/State and Zip Code

RABRAHAM@KSDT-CPA.COM

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

For further information concerning this matter, please call:

RON ABRAHAM

Name of Person

at 305 670-3370

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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TALLAHASSEE, FLORIDA

**(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>
MGRM	HAGSHAMA MANHATTAN 3 GOLD LLC	9300 SOUTH DADELAND BLVD	<input type="checkbox"/> Add
		SUITE 600	<input checked="" type="checkbox"/> Remove
		MIAMI, FL, 33156	
MGRM	HAGSHAMA MANHATTAN 3 PLATINUM LLC	9300 SOUTH DADELAND BLVD	<input type="checkbox"/> Add
		SUITE 600	<input checked="" type="checkbox"/> Remove
		MIAMI, FL, 33156	
			<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

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 **FEBRUARY 13**, **2014**

Signature of a member or authorized representative of a member

**HANANIA SHEMESI**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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