

L14 000006526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

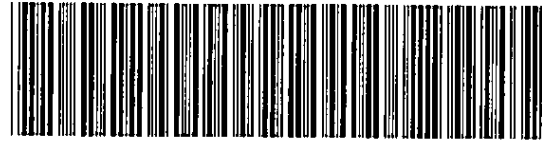
(Business Entity Name)

(Document Number)

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02/04/21--01015--011 **35.00

FILED
2021 APR -4 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FL

A. Butler



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2021

ADINA KAUFMAN
1030 WATERSIDE LN
HOLLYWOOD, FL 33019

SUBJECT: ADINA KAUFMAN ARCHITECT, LLC
Ref. Number: L14000006526

We have received your document for ADINA KAUFMAN ARCHITECT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Supervisor

Letter Number: 921A00005934

RECEIVED

2021 APR -5 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADINA KAUFMAN 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:

ADINA KAUFMAN
Name of Person

ADINA KAUFMAN LLC
Firm/Company

1030 WATERGATE LN
Address

Hollywood Florida 33019
City/State and Zip Code

ADINA @ ADINA KAUFMAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADINA KAUFMAN at (305) 3432534
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 APR -4 PM 3:35

ADINA KAUFMAN ARCHITECT, LLC STATE
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01-13-2014 and assigned
Florida document number 114000006526.

This amendment is submitted to amend the following:

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

ADINA KAUFMAN, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

Being Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
~~removed from our records:~~

~~GR~~ = Manager

AMBR = Authorized Member

Title

Name

Address

Type of Action☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

☐ Add

☐ Remove☐ Change☐ Add☐ Remove☐ Change



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2021

ADINA KAUFMAN
1030 WATERSIDE LN
HOLLYWOOD, FL 33019

SUBJECT: ADINA KAUFMAN ARCHITECT, LLC
Ref. Number: L14000006526

We have received your document for ADINA KAUFMAN ARCHITECT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE INDICATE THE CHANGES FOR THE ENTITY ON THE FORM.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 021A00013239

ANISSA . BUTLER
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