

L14000015051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L14-15051

(Document Number)

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2014 JUN -5 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. J. J. JUN -5 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2014

JONATHAN SULTAN
12555 BISCAYNE BLVD., SUITE 866
NORTH MIAMI, FL 33181

SUBJECT: FILS FILS LLC
Ref. Number: L14000015051

We have received your document for FILS FILS 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):

We are enclosing the proper form(s) with instructions for your convenience.

The effective date must be specific and cannot be prior to the date of filing.

If you have an Effective Date the date cannot be prior. This document was received on 5/20/14.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 014A00011542

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FILS FILS 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:

JONATHAN SULTAN

Name of Person

FILS FILS LLC

Firm/Company

12555 BISCAYNE BLVD # 866

Address

MIAMI, FL 33187

City/State and Zip Code

FILS FILS LLC @ GMAIL.COM

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

For further information concerning this matter, please call:

JONATHAN SULTAN

Name of Person

at (646) 597 2323

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 JUN -5 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILS FILS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/28/14 and assigned
Florida document number 44000015051

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

12555 BISCAYNE BLVD

866

MIAMI, FL 33187

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12555 BISCAYNE BLVD

866

MIAMI, FL 33187

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:

12555 BISCAYNE BLVD # 866

Enter Florida street address

MIAMI

City

Florida

33187

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.

If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	AZOVLAY, MIKAEL	951 BRICKELL AVE	<input type="checkbox"/> Add
		# 3111	<input checked="" type="checkbox"/> Remove
		MIAMI, FL, 33131	
AMBR	JONATHAN MOYAL	12555 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		# 866	<input type="checkbox"/> Remove
		MIAMI, FL, 33187	
			<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.)*

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 JUNE 5th, 2014.



Signature of a member or authorized representative of a member

JONATHAN SULTAN

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA