

L14000042431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 6 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARKYS GSA, 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:

MARK GELMAN

Name of Person

MARKYS GSA, LLC

Firm/Company

1000 NW 159TH DRIVE

Address

MIAMI GARDENS, FL 33169

City/State and Zip Code

MGELMAN@MARKYS.COM

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

For further information concerning this matter, please call:

MARK GELMAN

Name of Person

305

at ()

Area Code

7589288, EXT 108

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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MARKYS GSA, 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>
AMBR	Yakov Beletsky	1000 NW 159 Drive	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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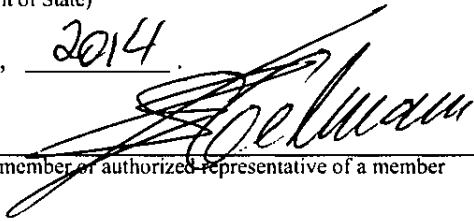
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 _____

October 27, 2014



Signature of a member or authorized representative of a member

MARK GELMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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