

L14000044034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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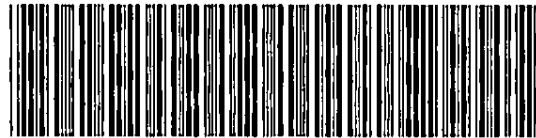
(Business Entity Name)

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**LAW OFFICES  
of  
JOSEPH P. KLAPHOLZ, P.A.**

7951 S.W. 6<sup>th</sup> Street  
Suite 210  
Plantation, Florida 33324-3276

Joseph P. Klapholz, Esq.  
Licensed in Florida and Maryland  
Notario de Derecho Civil F.S. § 118.10(1)(b)

Phone: (954)-925-3355  
Direct Line: ext. 135  
Fax: (866)-537-1210  
jklap@klapholzpa.com

October 7, 2020

VIA OVERNIGHT MAIL

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 North Monroe Street, # 810  
Tallahassee, Florida 32303

Re: Articles of Amendments  
Statements of Authority

Dear Sirs:

I am enclosing a Cover Letter, Articles of Amendment for "American Social Management, LLC" and our firm check in the amount of \$25.00 representing payment of the filing fees.

Additionally, please find enclosed Cover Letters, Statements of Authority together with our firm check in the amount of \$ 175.00 representing the filing fee of \$25.00 for each of the following companies:

1. American Social Boca Raton, LLC.
2. American Social Brickell, LLC.
3. American Social Delray, LLC.
4. American Social Hospitality Group, LLC.
5. American Social Management, LLC.
6. American Social Orlando, LLC.

7. American Social Tampa, LLC.

As always, should you have any questions, please do not hesitate to contact the undersigned accordingly. I remain,

Very Truly Yours,

~~JOSEPH P. KLAPHOLZ, P.A.~~

JOSEPH P. KLAPHOLZ, Esq.

JPK/dml  
Enc.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AMERICAN SOCIAL MANAGEMENT, 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:

JOSEPH P. KLAPHOLZ, ESQ.

\_\_\_\_\_  
Name of Person

JOSEPH P. KLAPHOLZ, P.A.

\_\_\_\_\_  
Firm/Company

7951 S.W. 6th Street, Suite 210

\_\_\_\_\_  
Address

Plantation, Florida 33324

\_\_\_\_\_  
City/State and Zip Code

jklap@klapholzpa.com

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

For further information concerning this matter, please call:

Joseph P. Klapholz, Esq.

954

925-3355

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

AMERICAN SOCIAL MANAGEMENT, LLC.

The Articles of Organization for this Limited Liability Company were filed on 03/17/2014 and assigned Florida document number L14000044034

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

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

\_\_\_\_\_, Florida  
City

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	American Social Holdings, LLC	1401 East Broward Boulevard, # 305	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	American Social Hospitality Group LLC	1401 East Broward Boulevard, # 305	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Florida 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

9/30

2020

Janne Meyer  
Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

LAURIE MITCHELL

Typed or printed name of signee

**Filing Fee: \$25.00**