

L14 000050454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

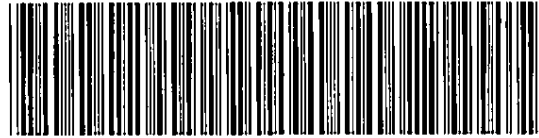
(Business Entity Name)

(Document Number)

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

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2020 SEP 21 PM 2:10  
TALLAHASSEE, FLORIDA

45  
10/31/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Apciron Miami, 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:

Robert A. Stok

Name of Person

Stok Kon + Braverman

Firm/Company

1 E. Broward Blvd. Ste 915

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

Same as on file

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

For further information concerning this matter, please call:

Robert Stok

at ( 954 )

237-1777

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

**If Changing Registered Agent, Signature of New Registered Agent**

MGR = Manager  
AMBR = Authorized Member

**AMBR = Authorized Member**

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
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2009 SEP 21 PM 2:10  
redacted

2023 SEP 21 PM 2:10

(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)

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 September 11 2020

DORNE BRPI

~~Signature of a member or authorized representative of a member~~

Doron Arad, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**