

L14000059967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

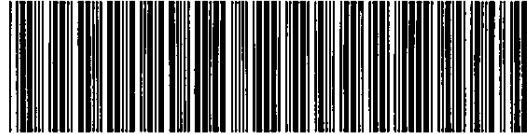
(Business Entity Name)

(Document Number)

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

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2014 MAY 20 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JUN 3 - 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SHOPPES OF FORT LAUDERDALE BEACH, 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:

**ARIE MREJEN, ESQ.**

Name of Person

**ARIE MREJEN, P.A.**

Firm/Company

**1855 GRIFFIN RD., #A-370**

Address

**DANIA BCH, FL 33004**

City/State and Zip Code

**AMREJEN@MREJENLAW.COM**

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

For further information concerning this matter, please call:

**ARIE MREJEN**

Name of Person

at ( **954** ) **771-3740**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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TALLAHASSEE, FLORIDA

Page 1 of 3

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>
MGRM	ISAAC ASSULIN	18851 NE 29TH AVE.	<input type="checkbox"/> Add
		#1010	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL 33180	
MGRM	NEIL HAMUY	c/o ARIE MREJEN, P.A.	<input checked="" type="checkbox"/> Add
		1855 GRIFFIN RD. #A-370	<input type="checkbox"/> Remove
		DANIA BEACH, FL 33004	
			<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.)*

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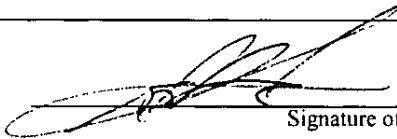
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

**ISAAC ASSULIN**

Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

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**TALLAHASSEE, FLORIDA**