

L14 0000 83156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

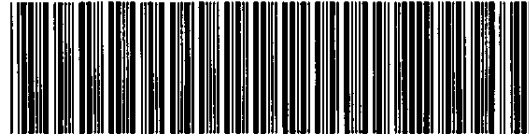
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900265400559

10/30/14--01023--013 \*\*25.00

FILED  
14 OCT 30 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers OCT 31 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 2606 N 38 AV, 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:

**David M. Lazarus, Esquire**

Name of Person

**Fromberg, Perlow & Kornik, PA**

Firm/Company

**20295 NE 29 Place, Suite 200**

Address

**Aventura, FL 33180**

City/State and Zip Code

**dlazarus@fpk-law.com**

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

For further information concerning this matter, please call:

**David M. Lazarus**

Name of Person

at ( **305** ) **933-2000**

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



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>
<u>MGR</u>	<u>Christi G. Desky</u>	<u>4060 N. Hills Drive, Suite 22</u>	<input type="checkbox"/> Add
		<u>Hollywood, FL 33021</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Yosef Solovey</u>	<u>4060 N. Hills Drive, Suite 22</u>	<input checked="" type="checkbox"/> Add
		<u>Hollywood, FL 33021</u>	<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

FILED  
OCT 30 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

---

---

---

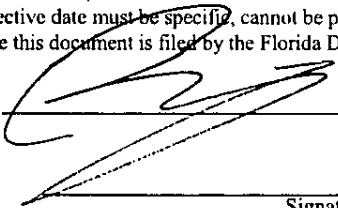
---

---

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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Yosef Solovey

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 OCT 30 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA