

L14000086312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

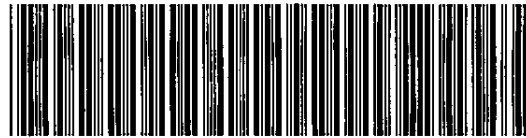
(Business Entity Name)

(Document Number)

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EXAMINER
SEP 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ZHW BLUE HERON 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:

Syed A Ali

Name of Person

ZHW BLUE HERON LLC

Firm/Company

18104 Sw 5th ct.

Address

Pembroke Pines, FL, 33029

City/State and Zip Code

sabbasali72@gmail.com

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

For further information concerning this matter, please call:

Syed A Ali

Name of Person

at **954 8501226**

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

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Zhw Blue Heron LLc

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>
MGR	Abbas Jaferi	18104 Sw 5th ct	<input type="checkbox"/> Add
		Pembroke Pines FL	<input checked="" type="checkbox"/> Remove
		33029	
MGR	Syed M Ali	18104 Sw 5th ct	<input checked="" type="checkbox"/> Add
		Pembroke Pines FL	<input type="checkbox"/> Remove
		33029	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SEP 10 2009
RECEIVED
CLERK OF DISTRICT COURT
18104 SW 5TH CT
PEMBROKE PINES FL 33029

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 September 16th, 2014



Signature of a member or authorized representative of a member

Syed Abbas Ali

Typed or printed name of signee

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2014 SEP 16 PM 5:02
CLERK OF COURT
STATE OF FLORIDA