

L14000110072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

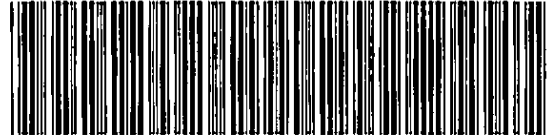
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700313085087

05/11/18--01021--021 \*\*25.00

5/14/18  
10:10 AM  
JUL 11 2018  
10:10 AM

5/14/18

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STAHL FAUST IMMOBILIEN, 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:

MICHAEL J. RYAN, ESQ.

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

RYAN LAW GROUP, PLLC

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

636 U.S. HIGHWAY 1, STE. 110

\_\_\_\_\_  
Address

NORTH PALM BEACH, FL 33408

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

MIKERYAN32645@YAHOO.COM

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

For further information concerning this matter, please call:

MICHAEL J. RYAN

561 881-4447  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STAHL FAUST IMMOBILIEN, LLC**

Page 1 of 3

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>
AMBR	RANDALL FRANKLIN GREENE	610 U.S. HIGHWAY 1, STE. 110	<input type="checkbox"/> Add
		NO. PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL J. RYAN	636 U.S. HIGHWAY 1, STE. 110	<input checked="" type="checkbox"/> Add
		NO. PALM BEACH, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RANDALL GREENE	636 U.S. HIGHWAY 1, STE. 110	<input checked="" type="checkbox"/> Add
		NO. PALM BEACH, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

3  
4  
5

**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 MAY 3, 2018

mmmm

Signature of a member or authorized representative of a member

MICHAEL J. RYAN

Typed or printed name of signee