

L14000/44520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

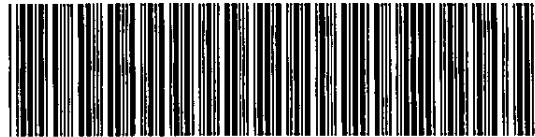
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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OCT 11 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lemonjoy Events LLC- Change of Authorized Member  
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:

Valerie Edery

Name of Person

Lemonjoy Events LLC

Firm/Company

800 Silk Run 2369

Address

Hallandale, FL 33009

City/State and Zip Code

valerie@lemonjoyevents.com

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

For further information concerning this matter, please call:

Valerie Edery

305 3315395  
at ( )

Name of Person

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



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         | Natan Lustgarten | 2950 NW 188 ST APT 419          | <input type="checkbox"/> Add               |
|              |                  | Miami, FL 33180                 | <input checked="" type="checkbox"/> Remove |
|              |                  |                                 | <input type="checkbox"/> Change            |
| AMBR         | Perla Moghrabi   | 20000 E Country Club Dr Apt 705 | <input checked="" type="checkbox"/> Add    |
|              |                  | Aventura, FL 33180              | <input type="checkbox"/> Remove            |
|              |                  |                                 | <input type="checkbox"/> Change            |
|              |                  |                                 | <input type="checkbox"/> Add               |
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**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.

Dated October 4, 2016

Valerie Ederf.

Signature of a member or authorized representative of a member

VALERIE EDERY

Typed or printed name of signee