

L14002165989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

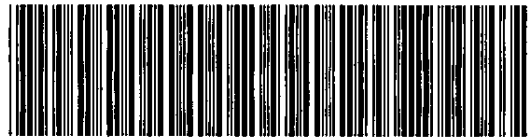
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gottleib Investment Holdings 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:

Tamir Gottlibe

Name of Person

Firm/Company

709 Cape Coral Parkway W

Address

Cape Coral, FL 33914

City/State and Zip Code

roni4428@gmail.com

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

For further information concerning this matter, please call:

Kathleen Flynn

at 239 540-2612

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

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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>
AMBR	Avi Gottlieb	7 Vinshel	☐ Add
		Tel Aviv Israel 413 69	☒ Remove
AMBR	Tamir Gottlibe	7 Vinshel	☒ Add
		Tel Aviv Israel 413 69	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Add
			☐ Remove

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CLERK OF DISTRICT COURT
JUDICIAL BRANCH

D. If attending 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 11/05/2014



Signature of a member or authorized representative of a member

Tamir Gottlibe

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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