

L14000172935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

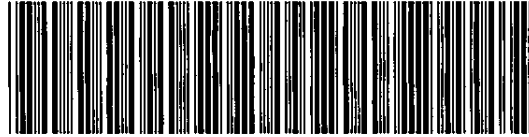
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1425 BRICKELL 58A 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:

STEVEN P. OPPENHEIM

Name of Person

1425 BRICKELL 58A LLC

Firm/Company

1835 E HALLANDALE BCH. BLVD #368 C/O OPPENHEIM

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

SPO@ATTGLOBAL.NET

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

For further information concerning this matter, please call:

STEVEN P. OPPENHEIM

Name of Person

305 371-8555

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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1425 BRICKELL 58A 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

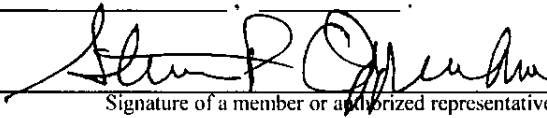
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVEN P. OPPENHEIM	1835 E. HALLANDALE BEACH BLVD.	<input type="checkbox"/> Add
		#368	<input checked="" type="checkbox"/> Remove
		HALLANDALE BEACH, FL 33009	
MGR	MARK A. BULLOCK	FIRST AMERICAN EXCHANGE CO LLC	<input checked="" type="checkbox"/> Add
		215 SOUTH STATE STREET, STE 380	<input type="checkbox"/> Remove
		SALT LAKE CITY, UT 84111	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 DECEMBER 4 2014



Signature of a member or authorized representative of a member

STEVEN P. OPPENHEIM

Typed or printed name of signee

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