

L15000009925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

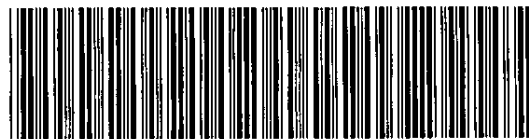
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900279235409

11/18/15--01001--011 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 NOV 17 PM 4:17  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 NOV 17 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 18 2015

# SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724

---

COVER LETTER

DATE: 11-17-15

WALK IN

ENTITY

NAME: 9348 Collins Avenue LLC

---

(NAME AVAILABLE? ✓)

CORRECT FORM? ✓)

PLEASE FILE THE ATTACHED AND RETURN:

X PLAIN COPY  
       CERTIFIED COPY

---

CHECK #                       
AMOUNT: 25.00

PLEASE CONTACT TINA AT 850-508-1891 WITH ANY  
QUESTIONS OR CORRECTIONS!

THANK YOU!

TINA GOFF, PRESIDENT

SUNSHINE CORPORATE & FILING SERVICES, INC.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 9348 Collins Avenue 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:

Isela Calderon  
Name of Person  
Wolz Corporate USA, Inc.  
Firm/Company  
36 South 18th Avenue, Suite D  
Address  
Brighton, CO 80601  
City/State and Zip Code  
isela@wolzcorporate.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isela Calderon at (303) 655-9659  
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

FILED  
2015 NOV 17 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

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>
MGR	Mushka Boymelgreen	3921 Alton Road, Suite 138	<input type="checkbox"/> Add
		Miami Beach, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mushka Jacobson	3921 Alton Road, Suite 138	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33140	<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
			<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.)**

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2015 NOV 17 AM 9:25

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

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 NOVEMBER 17, 2015.

Signature of a member or authorized representative of a member

**Joseph Bartfield, Esq.**

**Typed or printed name of signee**