

L150000 16421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

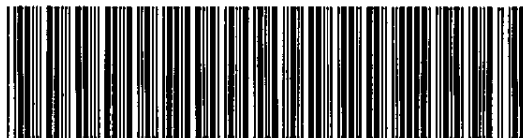
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 SEP 14 AM 8:17
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SEP 15 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIMON 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:

DANIEL A CASSIN

Name of Person

LIMON LLC

Firm/Company

2320 HOLLYWOOD BLVD

Address

HOLLYWOOD FLORIDA 33020

City/State and Zip Code

MARTAJ@MEJACCOUNTING.COM

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

For further information concerning this matter, please call:

MARTA E JACOFISKY

Name of Person

305 300-1743
at ()

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

LIMNON 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>
MGR	DANIEL A CASSIN	2320 HOLLYWOOD BLVD	<input type="checkbox"/> Add
		HOLLYWOOD FLORIDA 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JW MANAGEMENT VENTURES	345 NE 194TH LANE	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

15 SEP 14 AM 8:
RECEIVED
AIR MAIL

15 SEP 4 AM 8:17
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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 SEPTEMBER 9, 2015

Signature of a member or authorized representative of a member

DANIEL A CASSIN MANAGER

Typed or printed name of signee