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SECRETARY OF STATE
BIRMINGHAM, ALABAMA

MAR 10 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA CITY JYA, 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:

LYDIA NOVOA

Name of Person

ROBERT A. BRANDT, P.A.

Firm/Company

696 NE 125TH STREET

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

LYDIA@ATTORNEYBRANDT.COM

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

LYDIA NOVOA

305 981-3222

Name of Person

at ()

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

FLORIDAY CITY JYA, 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	YORAM IZHAK	696 NE 125TH STREET	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
MGR	Florida City Izhak, LLC	696 NE 125th Street	<input checked="" type="checkbox"/> Add
		North Miami, Florida 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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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 February 25, 2015.

Signature of a member or authorized representative of a member
Yoram Izhak

Typed or printed name of signee

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TALLAHASSEE, FLORIDA