

LI5000021233

(Requestor's Name)

(Address)

(Address)

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RECORDING & STATE
TALLAHASSEE, FLORIDA

J. Rivers FEB 12 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HASHEVET 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:

SAMUEL HODOROV

Name of Person

HASHEVET LLC

Firm/Company

1040 SEMINOLE DR # 758

Address

FORT LAUDERDALE FLORIDA 33304

City/State and Zip Code

sam@samtov.com

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

For further information concerning this matter, please call:

SAM HODOROV

at (754) 234-7663

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

HASHEVET LLC

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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	GEVA HOLDINGS LLC	3041 NE 183 LANE #41 AVENTURA ,FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

DISTRIBUTION OF SHARES IS:

GEVA HOLDINGS LLC = 50%

NEER D HODOROV = 25%

SAMUEL HODOROV = 25%

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 09 2015

Signature of a member or authorized representative of a member

SAM HODOROV

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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