

L150000 25568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

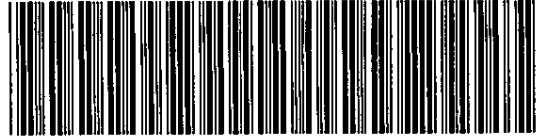
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 01 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SY LAND, 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:

David M. Lazarus

Name of Person

Fromberg, Perlow & Kornik, P.A.

Firm/Company

20295 NE 29 Place, Suite 200

Address

Aventura, FL 33180

City/State and Zip Code

dlazarus@fpk-law.com

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

For further information concerning this matter, please call:

David M. Lazarus

at (305) 933-2000

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

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STREET 101 OF STATE
TALLAHASSEE, FLORIDA

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 | Selmo Satanosky | 6788 TAFT STREET | <input checked="" type="checkbox"/> Add |
| | | HOLLYWOOD, FL 33024 | <input type="checkbox"/> Remove |
| | | | <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.)

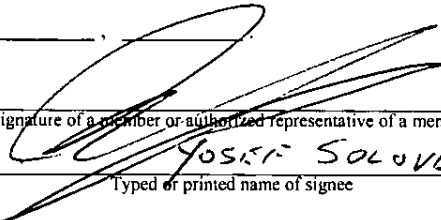
E. Effective date, if other than the date of filing: _____ (optional)

(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 4-17-15

Signature of a member or authorized representative of a member

Typed or printed name of signee


YOSRI SOLOVEY, MANAGER

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA