

215 0000 33904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

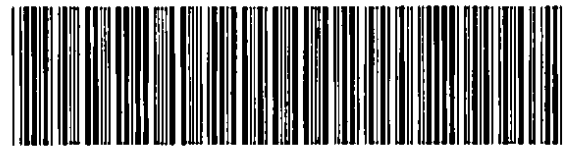
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U.S. DEPARTMENT OF JUSTICE

COVER LETTER

TO: Registration Section
Division of Corporations
Lindburgers Delray, LLC

SUBJECT: _____
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:

Mark Meyers

Name of Person

Lindburgers Delray, LLC

Firm/Company

5155 West Atlantic Avenue, Suite A280

Address

Delray Beach, FL 33484

City/State and Zip Code

info@lindburgers.com

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

For further information concerning this matter, please call:

Mark Meyers

561

951-0797

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

References

21 JUN 21 AM 10: 29

(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Case	Initial State	Final State	Operation
1	<input type="checkbox"/> Add
2	<input type="checkbox"/> Remove
3	<input type="checkbox"/> Change
4	<input type="checkbox"/> Add
5	<input type="checkbox"/> Remove
6	<input type="checkbox"/> Change
7	<input type="checkbox"/> Add
8	<input type="checkbox"/> Remove
9	<input type="checkbox"/> Change
10	<input type="checkbox"/> Add
11	<input type="checkbox"/> Remove
12	<input type="checkbox"/> Change
13	<input type="checkbox"/> Add
14	<input type="checkbox"/> Remove
15	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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)

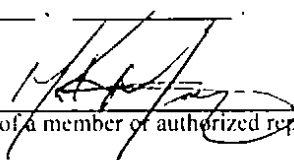
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

June 16

2021

Dated _____



Signature of a member or authorized representative of a member

Mark Meyers

Typed or printed name of signee