

U5000108869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

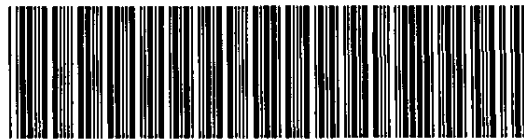
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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: I&F Tenders 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:

Jordan Seiler

Name of Person

I&F Tenders LLC

Firm/Company

6326 N Andrews Ave

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

jordan.seiler@theburgerfreak.com

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

For further information concerning this matter, please call:

Jordan Seiler

954

934-5901

at (_____) _____

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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I&F Tenders

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	Bassam Fares	6300 N Andrews Ave	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sam Fares	6300 N Andrews	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mahmud Issa	6300 N Andrews Ave	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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.

Dated October 28th 2016

Signature of a member or authorized representative of a member

Sam Fares

Typed or printed name of signee