

L15000155534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

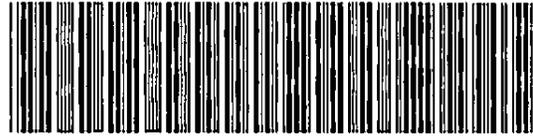
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300304447533

10/16/17--01032--016 *125.00

FILED
2017 NOV 27 AM 8:17
S. J. HARRIS

NOV 29 2017
J. HARRIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 NOV 27 PM 12:59
TALLAHASSEE FLORIDA

October 18, 2017

ALEXANDRA WOLF
7771 W OAKLAND PARK BLVD SUITE 210
SUNRISE, FL 33351

SUBJECT: LA PRIMA HOLDINGS LLC
Ref. Number: L15000155534

We have received your document for LA PRIMA HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name of authorized person being changed is not included.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00021055

2017 NOV 27 AM 8:17
TALLAHASSEE FLORIDA

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	Figtree Holdings, LLC	7771 W OAKLAND PARK BLVD	<input type="checkbox"/> Add
		SUITE 210	<input type="checkbox"/> Remove
		SUNRISE FL. 33351	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

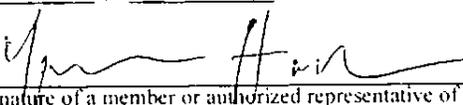
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 9-20-2017 (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 9-27/17


Signature of a member or authorized representative of a member

YANIR HADAN

Typed or printed name of signee

2017 NOV 27 AM 8:17