

L1500165465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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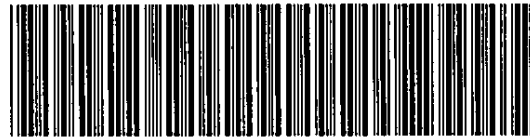
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 06 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HUMMUS FACTORY 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:

TAL COHEN

Name of Person

HUMMUS FACTORY LLC

Firm/Company

2790 STIRLING ROAD

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

TALCOHEN2810@GMAIL.COM

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

For further information concerning this matter, please call:

TAL COHEN

305 761-6312
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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STATE
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> |
|--------------|------------------|-------------------------|--|
| AMBR | COHEN SASSON TAL | 1755 E HALLANDALE BEACH | <input type="checkbox"/> Add |
| | | BLVD, APT 1405E | <input checked="" type="checkbox"/> Remove |
| | | HALLANDALE, FL 33009 | <input type="checkbox"/> Change |
| AMBR | TCCOM LLC | 1755 E HALLANDALE BEACH | <input checked="" type="checkbox"/> Add |
| | | BLVD, APT 1405E | <input type="checkbox"/> Remove |
| | | HALLANDALE, FL 33009 | <input type="checkbox"/> Change |
| AMBR | GO INVESTMENTS | 11110 W OAKLAND PARK | <input checked="" type="checkbox"/> Add |
| | | BLVD, # 289 | <input type="checkbox"/> Remove |
| | | SUNRISE, FL 33351 | <input type="checkbox"/> Change |
| MGR | COEHN SASSON TAL | 1755 E HALLANDALE BEACH | <input checked="" type="checkbox"/> Add |
| | | BLVD, APT 1405E | <input type="checkbox"/> Remove |
| | | HALLANDALE, FL 33009 | <input type="checkbox"/> Change |
| MGR | ORON GAL | 11110 W OAKLAND PARK | <input checked="" type="checkbox"/> Add |
| | | BLVD, # 289 | <input type="checkbox"/> Remove |
| | | SUNRISE, FL 33009 | <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.)

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TALLAHASSEE, FLORIDA

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 August 30, 2017

Signature of a member or authorized representative of a member

TAL COEH SASSON

Typed or printed name of signee