

L15000 167471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

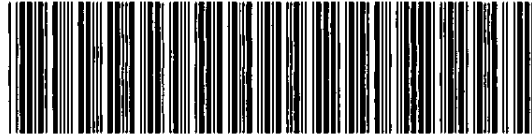
(Business Entity Name)

(Document Number)

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JUL 19 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____

Milop 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:

Yaniv Sabag

Name of Person

Milop LLC

Firm/Company

11331 NW 6TH St.

Address

Plantation, FL 33325

City/State and Zip Code

info@mycityliving.com

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

For further information concerning this matter, please call:

Yaniv Sabag

Name of Person

at *(646) 651-5667*

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

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	Seidman Edith M	11331 NW 6 St. Plantation FL 33325	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NYcity Living LLC	11331 NW 6 St. Plantation FL 33325	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA
JUN 11 10 31 AM '13

Please Remove MGR Seidman Edith M

and Replace with:

Nycity Living LLC

Address stays the same.

Thank you.

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 _____, _____

Signature of a member or authorized representative of a member

Seidman Edith

Typed or printed name of signee

FILED
2012 JUL 18 P 3:13
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA