

L15000168982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

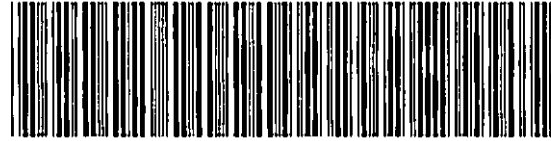
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 DEC 19 PM 12:50

CLERK OF SUPERIOR COURT  
JANUARY 1, 2018

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DEC 19 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2017 DEC 19 AM 11: 63  
ALL 0428 11: 00 AM  
FLORIDA

December 6, 2017

JOSEPH COHEN  
45 NW 21ST ST  
MIAMI, FL 33127

SUBJECT: OBS 87 LLC  
Ref. Number: L15000168982

We have received your document for OBS 87 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 817A00024625

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OBS 87, 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:

Joseph Cohen  
Name of Person

OBS 87, LLC  
Firm/Company

45 NW 21st Street  
Address

miami, FL 33127  
City/State and Zip Code

admin@cohensorganization.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Cohen at (305) 532 6992  
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

OBS 87, LLC

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

Title

Name

Address

Type of Action

mgr

Orel Bensimon

45 NW 2<sup>nd</sup> Street

☐ Add

miami, fl 33127

☒ Remove

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17 DEC 19 PM 12:50  
ST. AUGUSTINE, FLORIDA  
FALL 1960

17 DEC 19 PM 12:50  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

(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)

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 \_\_\_\_\_, 19\_\_\_\_

Signature of a member or authorized representative of a member

W. L. Ph. Am

Typed or printed name of signee