

L15000183914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

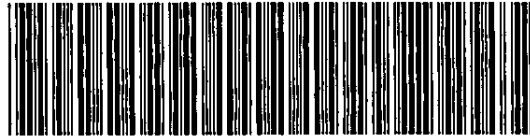
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAR 29 2016
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERALD WINDS PRODUCTIONS 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:

FRED S. LOVITZ

Name of Person

EMERALD WINDS PRODUCTIONS LLC

Firm/Company

8332 EMERALD WINDS CIRCLE

Address

BOYNTON BEACH, FL 33473

City/State and Zip Code

fredlovitz@gmail.com

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

For further information concerning this matter, please call:

FRED S. LOVITZ

Name of Person

at

561

Area Code

732-2976

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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EMERALD WINDS PRODUCTIONS LLC

The Articles of Organization for this Limited Liability Company were filed on 10/28/2013 and assigned Florida document number L15000183914.

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	TESS LA BELLA	8732 EMERALD WINDS CIRCLE	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33473	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS J. FALBORN	115 NE 3RD AVENUE - APT 810	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 MARCH 22, 2016

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

FRED S. LOVITZ

Typed or printed name of signee