

L15000202068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

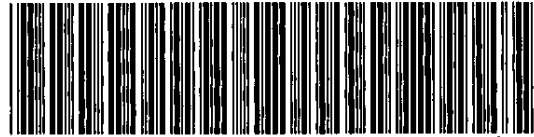
(Business Entity Name)

(Document Number)

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O SIMMONS

MAY 03 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JAX RST1 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:

SMADAR VAKNIN

\_\_\_\_\_  
Name of Person

JAX RST1 LLC

\_\_\_\_\_  
Firm/Company

411 NE 2ND AVE

\_\_\_\_\_  
Address

HALLANDALE, FL 33009

\_\_\_\_\_  
City/State and Zip Code

avalongusa@gmail.com

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

For further information concerning this matter, please call:

SMADAR VAKNIN

954 271-0999  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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         | SMADAR VAKNIN | 20314 NE 34 CT, Aventura FL 33180 | <input checked="" 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            |
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|              |               |                                   | <input type="checkbox"/> Add            |
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|              |               |                                   | <input type="checkbox"/> Change         |

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**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.

Dated 4.28.17, \_\_\_\_\_

Ari Stieglman  
Signature of a member or authorized representative of a member

Stiegmann Avi

Typed or printed name of signee