L15000205066

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Harre)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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09/14/18--01002--018 **25.00



COVER LETTER

TO: Registration Section **Division of Corporations** LAKES COMMUNITY BALLROOM & RESTAURANT LLC SUBJECT: 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: HARRY SAINVIL Name of Person LAKES COMMUNITY BALLROOM & RESTAURANT LLC Firm/Company 2331 NORTH STATE RD 7 SUITE 219 Address LAUDERHILL FL 33319 City/State and Zip Code SAINVILTAXPRO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 298-6090 HARRY SAINVIL 954 Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

□ \$55,00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKES COMMUNITY BALLROC				
(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)		
The Articles of Organization for this Limited Li Florida document number L15000205066	ability Company	were filed on 12/09/2015	_and assign	ned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC" or the abbrev	iation "L.L.C	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4322 NORTH STATE RD 7		
		LAUDERDALE LAKES FL 33319	-	
Trincipul appec was consistent visiting			***	
Enter new mailing address, if applicable:		2331 NORTH STATE RD 7 SUITE 219	[2] [2]	
(Mailing address MAY BE A POST OFFICE BOX)		LAUDERHILL FLORIDA 33313	=	
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			्री	
B. If amending the registered agent and/registered agent and/or the new registered of			e name of	the new
Name of New Registered Agent:	HARRY SAIN	VIL		
New Registered Office Address:	2331 NORTH	STATE RD 7 SUITE 219 Enter Florida street address		
	LAUDERHILL		ļ	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

f Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
MGR	LUCKSON A. HIPPOLYTE	4322 NORTH STATE RD 7	
			Add
		LAUDERDALE LAKES FL 33319	
			Remove
			5 6
			Change
			□ Remove
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attach Copies of the my lease and Employer Identi	fication number.
	
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	24TH 2018
ective date is listed, the date must be specific and cannot be	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 60 applicable statutory filing requirements, this date will not be lisecords.
ord specifies a delayed effective date, be 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earl
SEPTEMBER 9TH 2018	·
Signature of a member	1 1
	r authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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SE DATE OCADISE	c 1, 20)15		
MPLEX: 5005	at Ori	ale		
DLORD KINERET LLC	PO Box 550070	, Ft. Lauderdale, FL 33355	5-0070 •(954) 578-9712	A
IANT TASTE	te Cat	e Loka Commi	unit Ballrooms	Kestaurant 10
		(Corporation DPartners	· · · // // · · · · · · · · · · · · · ·),Other
orporation, Tax ID#: 474	476204	- BI- (M19973	PHS	
All Owners, Officers, or Par	tners:		HOME	-1
	TITLE	HOME ADDRESS	TELEPHONE	SOCIAL SECURITY #
ME .		6301 Pinehurst	D- 954 298-	
LLA ZEILMIT		Boynton Bank 33	906 9090	
<u> </u>	:			
4.	•			<u> </u>
	Teclaid	- Cofe Oka	Communide Bal	month Pester ya
NANT'S TRADE NAME:	1	10 CM TCLORE	COMPLIANT DO	VI DREOMAN
ARANTOR(S)	Harry	Samui)	Nunton Reach	Fi 33426
DRESS OF GUARANTOR(s): (20)	nenwst by	O D LA CA	2 / ck = 6 23316
DRESS OF DEMISED PRE	mises: <u>432</u>	21V State No	- Tanairac	ezskes, cl. 3-317
PROXIMATE GROSS REN	TABLE AREA C	F DEMISED PREMISES	1151 0+	
RMITTED USE(S):	Tenant's only	permitted use(s) is/are	Stanon	
•			and that are the primary h	usiness'of any other
	Tenant agree current or futu	s not to advertise the servi	ces that are the primary of	031110301 01 2119221101
	•		was landlard agrees not to	leese to any other tenant.
CLUSIVE USE:		ive no exclusive use, howe	ever landiord agrees not to	Tease to any output terrains
	whose primar	y business is		
OURS OF OPERATION		7.5	10	
ASE TERM.	From: / <u>/ / /</u>	1//S TO: 9/30/	<i>1</i>	
PTION(S)	$\preceq \times \preceq \iota$	2015		
DMMENCEMENT DATE.	CAOP	er 1, 201		Mary 7: 251/2
	Months Free.	7 30 351	First Rent Payment D	uel-toron i coro
XPIRATION DATE:	Septem	Ser 30, 20%	8	
ECŬŘÍTY DEPÔSIT ("Depo	(sit") * 550	0.00		· · · · · · · · · · · · · · · · · · ·
IINIMUM RENT (for first lea	se yea <u>r sybi</u> ect t	o Increase pursuant to this	ilease) Florida Sales Tax at 6% (d	or whatever the current
•	S 5 500	PER MONTH PLUS	per month i	ncluding sales tax.
· · · · · · · · · · · · · · · · · · ·	Annual rent i	s 69,960.		
	First Adjustm	nent Date <u>4/30//2</u>	% Annual Escal	ation of Rent
NNUAL ESCALATION	#20 per day	after the 5th day of the mor	nth. All late charges, legal	fees and court costs
ATE CHARGES	associated v	vith the collection of rent st	iali pe considered as rent.	
IGNAGE		dian agreement 14 of this li	esse tenant shall acquire	a sign at its sole expense.
		in shall be erected within s the approval of the landic		
This is a tegally binding doct and other terms contained o are no agreements between	iment Please re	ead it thoroughly before you	u sign it. The terms define its of this lease and are ar	ed, dollar amounts specified integral part hereof. There
•	and parties and	_		
TENANT(S)	9/-1	,, -		•
as sol.	Date	<u> </u>	Date	
BY: HATIRY SAINE	UL.	Ву:	<u></u>	
			Date	
	Date	By	Date	
O.c.				
ву:	 .	~ /· <u></u>		
By:	_ ·	012/1	•	
ANDLORD:	ath	913/15	1	
ANDLORD Pres	ald	913/15 Date	;	

Date of this notice: 12-02-2015

Employer Identification Number:

81-0719973

Form: SS-4

Number of this notice: CP 575 B

LAKES COMMUNITY BALLROOM & RESTAURANT HARRY SAINVIL MBR 4000 N STATE ROAD 7 STE 401 LAUD LAKES, FL 33319

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-0719973. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and returnment to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is LAKE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Such Hearth

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 12-02-2015

() - EMPLOYER IDENTIFICATION NUMBER: 81-0719973
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

LAKES COMMUNITY BALLROOM & RESTAURANT
HARRY SAINVIL MBR
4000 N STATE ROAD 7 STE 401
LAUD LAKES, FL 33319