

2100000 54873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

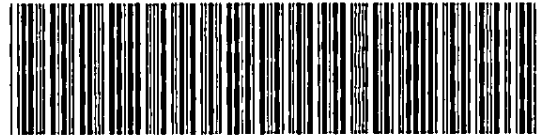
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 11 2019

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUMMIT 69TH AVE, 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:

MARLON J BLANCO

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

LAZIMA MANAGEMENT, LLC

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

9240 SW 72 STREET, SUITE 108

\_\_\_\_\_  
Address

MIAMI, FL 33173

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

MBLANCO@LAZIMAMGMT.COM

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

FILED  
18 DEC 28 PM 6:01  
SECOND FLORIDA  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARLON J. BLANCO

305 271-8454

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

SUMMIT 69TH AVE, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input 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"/> Change

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

**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

12/14 2018

ERIC Casola

Typed or printed name of signee