

216000063276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

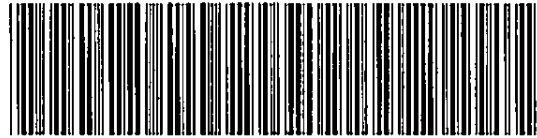
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PM RIVERVIEW 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:

GITA KLEIN

Name of Person

THE KLEIN GROUP

Firm/Company

2300 NW CORPORATE DRIVE SUITE 112

Address

BOCA RATON, FL 33431

City/State and Zip Code

gita@thekleingroupepa.com

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

For further information concerning this matter, please call:

BRANDON KLEIN

954

345-3696

at (_____) _____

Name of Person

Area Code

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

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Change
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Change

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PROPERTY OF SIM
ALBUHASSSE, FLOR

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RICHMOND, FLORIDA

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Dated 11-13, 2017

PAULA BRILLEMBOURG

Filing Fee: \$25.00