

LI6000115637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 JUN 22 P 12:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

JUN 23 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hardcore Advertising, 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:

Corey H. Levin

Name of Person

Hardcore Advertising, LLC.

Firm/Company

20815 Ramita Trail

Address

Boca Raton, FL 33433

City/State and Zip Code

corey@hardcoreadv.com

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

For further information concerning this matter, please call:

Corey H. Levin

954

830-4586

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

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2016 JUN 22 PDZ: 14
Zip Code
TALLAHASSEE, FLORIDA

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	Corey H. Levin	20815 Ramita Tr	<input type="checkbox"/> Add
		Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2018 JUN 14
TALLAHASSEE, FLORIDA
COUNTY CLERK'S OFFICE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

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 June 20th, 2016

Signature of a member or authorized representative of a member

Corey H. Levin

Typed or printed name of signee