

L16000150616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

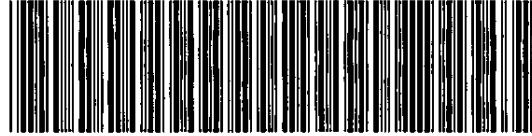
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- Customer gave permission to change
title to mgr 8/24/16

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TALLAHASSEE, FLORIDA

dhulic 05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1500 E. Commercial Boulevard, 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:

Ian J. Kukoff, Esq.

Name of Person

Blaxberg, Grayson, Kukoff & Forteza, P.A.

Firm/Company

25 SE 2nd Avenue, Suite 730

Address

Miami, FL 33131

City/State and Zip Code

ian.kukoff@blaxgray.com

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

For further information concerning this matter, please call:

Ian Kukoff

305
at ()

381-7979 Ext. 312

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

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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 | Thomas R. Baldwin | 8045 N WICKHAM ROAD | <input type="checkbox"/> Add |
| | | MELBOURNE, FL 32940 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| mgr | Timothy M. Antonition | 8045 N WICKHAM ROAD, | <input checked="" type="checkbox"/> Add |
| | | MELBOURNE, FL 32940 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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

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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

August 19

2016

~~Signature of a member or authorized representative of a member~~

JOHN J. KABBOORD, JR.

Typed or printed name of signee