

L17000006884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

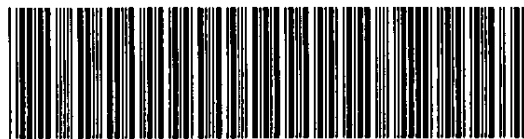
(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS

MAR 01 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RVH 1826 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:

Yehuda Amar

Name of Person

RVH 1826 LLC

Firm/Company

2115 Linden Boulevard (Suite 101)

Address

Elmont, NY 11003

City/State and Zip Code

GHD249@aol.com

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

For further information concerning this matter, please call:

Yehuda Amar

516

697-3146

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

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>
AMBR	Angelo Tzortzatos	29-12 Jordan Street	<input type="checkbox"/> Add
		Bayside, NY 10006	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eli J. Mamiye LLC	1204 Avenue U (Suite 1157)	<input checked="" type="checkbox"/> Add
		Brooklyn, NY 11229	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eli J. Mamiye	Hemisphere Towers Ocean North	<input type="checkbox"/> Add
		1950 South Ocean Drive (Suite 11C)	<input checked="" type="checkbox"/> Remove
		Hallandale Beach, FL 33009	<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"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 February 23 2017

2017

Signature of a member or authorized representative

YEHUOA AMAL, MEMBER

Signature of a member or authorized representative of a member

Yehuda Amar

Typed or printed name of signee

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