

L17000015158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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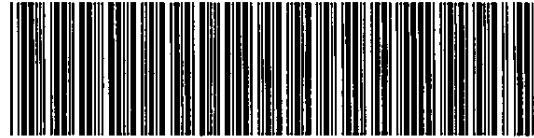
(Business Entity Name)

(Document Number)

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FEB 20 2017

S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 17 AM 10:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1801 SPECTRUM, 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:

Eric A. Jacobs, Esq.

Name of Person

NEXTERRA LAW

Firm/Company

1691 Michigan Avenue, Suite 360

Address

Miami Beach, FL 33139

City/State and Zip Code

ejacobs@nexterrallaw.com

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

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Ron Antevy

954

556-6709

Name of Person

at ()

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

1801 SPECTRUM, 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>
MGR	ANTEVY, JONATHAN N	1800 NW 69TH AVENUE	<input type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		PLANTATION, FL 33313	<input checked="" type="checkbox"/> Change
MGR	ANTEVY, RON	1800 NW 69TH AVENUE	<input type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		PLANTATION, FL 33313	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

17 FEB 17 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

11 FEB 17 AM 10:38
SECRETARY OF STATE
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 February 13, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Ron Antevy

Typed or printed name of signee