

L17000027004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

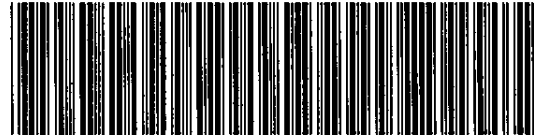
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/08/17--01019--003 **25.00

FILED
2017 FEB 14 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

FEB 16 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2017

C10 ACTIVEST WEALTH MANAGEMENT LLC
ISAAC WAKSZOL
20900 NE 30 AVE, STE. 310
AVENTURA, FL 33180

SUBJECT: PORTOFINO W FAMILY LLC
Ref. Number: L17000027004

We have received your document for PORTOFINO W FAMILY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00002681

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Ms. Karen Saly	Isaac Wakszol
COMPANY:	DATE:
State of Florida Division of Corp	2/14/2017
FAX NUMBER:	TOTAL NO. OF PAGES, INCLUDING COVER:
850-245-6030	3
SENDER'S PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
(954)399-8121	
RE:	YOUR REFERENCE NUMBER:
Request to amend effective date	
PORTOFINO W FAMILY, LLC	

NOTES/COMMENTS:

Dear Ms. Saly,

Following our conversation from this morning, please see attached the corrected form to amend the effective date of Portofino W Family LLC.

I will appreciate your urgent attention and I thank you in advance for your kind cooperation in this matter.

Sincerely,
Isaac Wakszol

RECEIVED

2017 FEB 14 AM 10:46

LEGISLATIVE STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PORTOFINO W FAMILY 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:

ISAAC WAKSZOL

Name of Person

CIO ACTIVEST WEALTH MANAGEMENT LLC

Firm/Company

20900 NE 30 AV SUITE 310

Address

AVENTURA, FL, 33180

City/State and Zip Code

ISAACVE@YAHOO.COM

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

For further information concerning this matter, please call:

SIMA CARTIELY / ISAAC WAKSZOL at (954) 399-8121

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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Portofino W. Family LLC

SECOND: The Florida Document number of the limited liability company is: L17000027004

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

EFFECTIVE DATE should be 2/2/2017 SAME
AS FILING DATE

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)