

L17000060402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAR 27 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 24 PM 3:33

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C & M AMERICAN DEVELOPERS 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:

RAVIT COHEN

Name of Person

Firm/Company

4840 SW 34TH AVE

Address

FT LAUDERDALE, FL 33312

City/State and Zip Code

ravitns@gmail.com

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

For further information concerning this matter, please call:

RAVIT COHEN

754 246-1387
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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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 | MERGUI, SHIMON | 4840 SW 34TH AVE | <input type="checkbox"/> Add |
| | | FT LAUDERDALE, FL 33312 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | RONEN COHEN | 4840 SW 34TH AVE | <input checked="" type="checkbox"/> Add |
| | | FT LAUDERDALE FL 33312 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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47 MAR 24

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-14-01 BY 60322 UCBAW/STP

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.

(b) The 90th day after the record is filed.

_____, _____
David

 Signature of a member or authorized representative of a member

Typed or printed name of signee