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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 9 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LOTSAHOLIC 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:

ADAM JABLIN

Name of Person

C/O BINSTOCK, RUBIN, SBAR, GARCIA & ELLZEY, P.A.

Firm/Company

9100 SOUTH DADELAND BOULEVARD, SUITE 1701

Address

MIAMI, FL 33156

City/State and Zip Code

ADAMJABLIN@MAC.COM

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

For further information concerning this matter, please call:

ALEX S. BINSTOCK, CPA

Name of Person

at (305)

Area Code

670-1984

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)

check to → **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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Agent

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	ALEX S. BINSTOCK	9100 S. DADELAND BLVD., SUITE 1600 MIAMI, FL 33156	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADAM JABLIN	9100 S. DADELAND BLVD., SUITE 1701 MIAMI, FL 33156	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

Dated ~~X~~ 5/4/17

 Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA