

L17000119409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

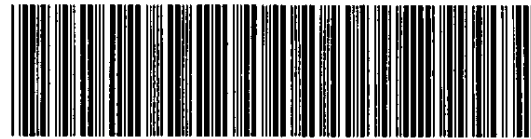
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 16 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ST JAMES PLACE PHASE IV, 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:

Irene B. Reed

\_\_\_\_\_  
Name of Person

Closings.Com

\_\_\_\_\_  
Firm/Company

1124 Kane Concourese

\_\_\_\_\_  
Address

Bay Harbor Islands, Florida 33154

\_\_\_\_\_  
City/State and Zip Code

irene@Closigns.Com

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

For further information concerning this matter, please call:

Irene B. Reed

305 861-8000  
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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CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
v. Registered 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>
AMBR	SAM LUPOWITZ (Lupowitz LLC)	10155 Collins Avenue #1404	<input type="checkbox"/> Add
		Bal Harbour Florida 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAREK KIRSCHEN	16850 Collins Avenue #112	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, Florida 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

**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:** JUNE 9, 2017 (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 JUNE 9, 2017

Signature of a member or authorized representative of a member

TAREK KIRSCHEN

Typed or printed name of signee

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