

L17000141821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

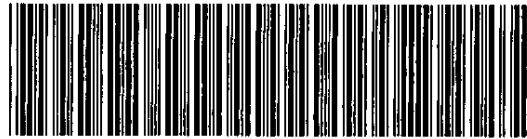
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 07 2017

J SHIVERS

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: WESTSIDE LAKE SHORE, 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:

JAKUB HEJL

Name of Person

WESTSIDE LAKE SHORE, LLC

Firm/Company

701 Brickell Avenue, Suite 1550

Address

Miami, FL 33131

City/State and Zip Code

jakub.hejl@westsidecg.com

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

For further information concerning this matter, please call:

JAKUB HEJL

Name of Person

at 305 395 0122

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

WESTSIDE LAKE SHORE, LLC

The Articles of Organization for this Limited Liability Company were filed on 06/30/2017 and assigned Florida document number 617000141821.

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>
AMBR	WESTSIDE LAKESHORE	701 Brickell Av.,	<input type="checkbox"/> Add
	HOLDING, LLC	Miami, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WESTSIDE LAKESHORE	701 Brickell Avenue	<input checked="" type="checkbox"/> Add
	HOLDING, LLC	Suite 1550	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 07/05/2017

/alub gje

Signature of a member or authorized representative of a member

SARUB HEDL

Typed or printed name of signee

17 JUL -6 AM 7:32  
RECEIVED  
STATE DEPT  
ADMINISTRATIVE