

L 17000151401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

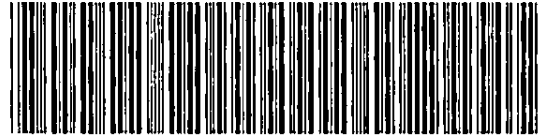
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400303812934

10/09/17--01018--010 **35.00

FILED

17 OCT 19 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J
10/15/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2017

JACK LEVINE
3050 BISCAYNE BLVD. SUITE 302
MIAMI, FL 33137 US

SUBJECT: COLDSTREAM 3050 HOLDINGS, LLC
Ref. Number: L17000151401

We have received your document for COLDSTREAM 3050 HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 817A00020093

2017 OCT 19 PM 1:20

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLDSTREAM 3050 HOLDINGS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACK LEVINE, CPA

Name of Person

JACK LEVINE, PA

Firm/Company

3050 BISCAYNE BLVD STE. 302

Address

MIAMI, FL 33137

City/State and Zip Code

JL@JACKLEVINECPA.COM

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

For further information concerning this matter, please call:

JACK LEVINE, PA. 305 912-0085
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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	JACK LEVINE	3050 BISCAYNE BLVD # 302	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	WILLIAM ELBOGEN	3050 BISCAYNE BLVD # 302	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JUDAH LIFSHITZ	3050 BISCAYNE BLVD # 302	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input checked="" 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.)*

FILED
17 OCT 19 PM 1:55
RECORDS OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 7/14/2017 (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 October 16 2017

Signature of a member or authorized representative of a member

STEVEN LEVINE

Typed or printed name of signee