

7/20/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L1700019050555

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000190505 3)))



H170001905053ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE SCHIFFMAN LAW GROUP, P.A.
Account Number : 120000000100
Phone : (305)682-1328
Fax Number : (305)682-0063

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUL 20 AM 10:59

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BISCAYA 504, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2017 JUL 20 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

JUL 21 2017
Help
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Biscaya 504, 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 R. Schiffman, Esquire
Name of Person
The Schiffman Law Group, P.A.
Firm/Company
2875 NE 191 Street, Suite 500
Address
Aventura, FL 33180
City/State and Zip Code
adam@realatty.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam R. Schiffman, Esquire at (305) 682-1328
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

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	Luidmila Krapivina	2875 NE 191 Street, #500	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 JUL 20 AM 10:58
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE FL 32310

FILED

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

Multiple horizontal dashed lines for amending information.

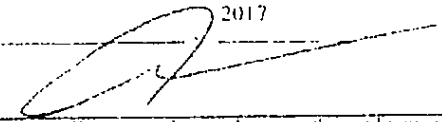
E. Effective date, if other than the date of filing: _____ (optional)

(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 002 0207 (3HB)

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 July 20, 2017


Signature of a member or authorized representative of a member

Adam R. Schiffman
Typed or printed name of signer

2017 JUL 20 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FL 32310
FILED