

L17000158644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

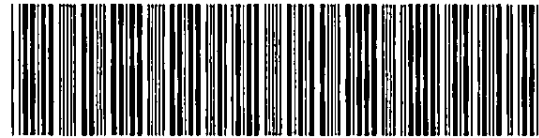
(Business Entity Name)

(Document Number)

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2017 SEP 29 PM 2:32
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OCT -2 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLLYWOOD 20TH AVE 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:

ROSS ZALKIND, ESQ.

Name of Person

ROSENFELD & ZALKIND, P.L.

Firm/Company

2323 HOLLYWOOD BLVD

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

RZALKIND@GLOBALAMERICATITLE.COM

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

For further information concerning this matter, please call:

ROSS ZALKIND

954 620-1100
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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2017 SEP 29 PM 2:33
ATTORNEY GENERAL
(S.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGRM	THOMAS PLUOWINSKI	2000 ISLAND BLVD	<input type="checkbox"/> Add
		SUITE #607	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2011 SEP 29 PM 2:33
CLERK OF DISTRICT COURT
JANUARY 11 2011

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 September 28, 2017

September 28, 2017


Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Cecilia Maya D. Pludwinski // Thomas Pludwinski
Typed or printed name of signee

Typed or printed name of signee