

Dec. 18, 2018 2:56PM  
12/18/2018

PAGIO'S & ASSOCIATES, LLC

No. 5196 P. 1

Division of Corporations

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

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To:

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

From:

Account Name : PAGIO'S & ASSOCIATES, LLC  
Account Number : 120100000043  
Phone : (305)397-8553  
Fax Number : (305)397-8521

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TALLAHASSEE, FL  
2018 DEC 18 AM 9:41

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

Email Address: amit320d@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**FISHLER AMIT LLC**

Certificate of Status	0
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DEC 18

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Corporate Filing Menu

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S. PRATHER

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FISHLER AMIT 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:

AMIT FISHLER

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

FISHLER AMIT LLC

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

19945 VILLA MEDICI PL

\_\_\_\_\_  
Address

BOCA RATON, FL 33434

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

amit320d@gmail.com

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

For further information concerning this matter, please call:

AMIT FISHLER

at ( 561 ) 526-6027

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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FISHLER AMIT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/29/2017

Florida document number L17000184027

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of the person being added or removed from our records: **H180003581413**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MAAYAN V. FISHLER	19945 VILLA MEDICI PL	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33434	<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
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			<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)

**E. Effective date, if other than the date of filing:** 12/18/2018 (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 December 18, 2018

Amit Fishler  
Amit Fishler (Dec 18, 2016)

Signature of a member or authorized representative of a member

AMIT FISHLER

Typed or printed name of signee

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