

48000015274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

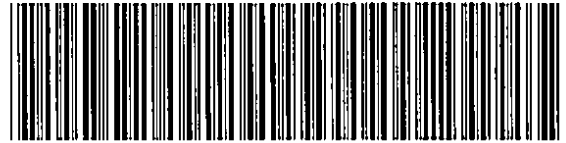
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200324268822 ✓

03/11/19--01019--013 **25.00

S TALLENT

MAR 21 2019

FILED
19 MAR 18 4:19:55
0374

Prasad



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2019

NORMA RAVIKOFF
1506 MV, LLC
8462 HAWKS GULLY AVE
DELRAY BEACH, FL 33446

SUBJECT: 1506 MV, LLC
Ref. Number: L18000015274

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE FORM PROVIDED AND RESUBMIT.

Please return 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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00004699

RECEIVED

MAR 18 PM 3:24

SECRETARY
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

NORMA RAVIKOFF
1506 MV, LLC
8462 HAWKS GULLY AVE
DELRAY BEACH, FL 33446

SUBJECT: 1506 MV, LLC
Ref. Number: L18000015274

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE REGISTERED AGENT CHANGE FORM ATTACHED MUST BE COMPLETED AND RESUBMITTED.

Please return 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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 019A00003598

RECEIVED
2019 MAR -7 AM 11:48
SUSAN TALLENT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1506 MV, 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:

NORMA RAVIKOFF
Name of Person

1506 MV, LLC
Firm/Company

8462 HAWKS GULLY AVE
Address

DELRAY BEACH, FL 33446
City/State and Zip Code

HHARMON@gmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMA RAVIKOFF at (561) 303-1345
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**

1506 M V , 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 1/17/2018 and assigned Florida document number L 18 0000 15274.

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)

FILED
JAN 18 11 31 AM '18
TALLAHASSEE, FLORIDA

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: NORMA RAVIKOFF

New Registered Office Address: 8462 HAWKS GULLY AVE
Enter Florida street address

DELRAY BEACH Florida 33446
City 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

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	NORMA RAVIKOFF	8462 HAWKS GULLY AVE	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33446	<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

