

L18000029271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

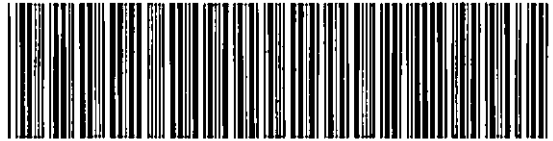
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
18 MAR - 6 PM 7:29

COVER LETTER

TO: Registration Section
Division of Corporations

SBR GLOBAL INNOVATIONS LLC

SUBJECT: _____
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:

DANY ABRAHAM

Name of Person

KSDT & COMPANY

Firm/Company

1625 N COMMERCE PKWY SUITE 315

Address

WESTON, FL 33326

City/State and Zip Code

DABRAHAM@KSDT-CPA.COM

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

For further information concerning this matter, please call:

DANY ABRAHAM

305-670- 3370

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

SBR GLOBAL INNOVATIONS LLC

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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	KAHANOW, SHULAMIS	1625 N COMMERCE PKWY	<input type="checkbox"/> Add
		SUITE 315	<input checked="" type="checkbox"/> Remove
		WESTON, FL. 33326	<input type="checkbox"/> Change
MGR	BRAVERMAN, SHULAMIS	1625 N COMMERCE PKWY	<input checked="" type="checkbox"/> Add
		SUITE 315	<input type="checkbox"/> Remove
		WESTON, FL. 33326	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated 02/20, 2018

Shelton Kahner
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

SHULAMIS KAHANOW - MGR

Typed or printed name of signee