

L180000 45426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

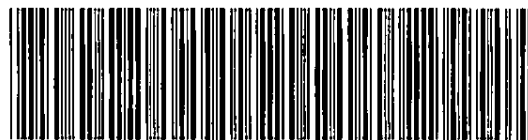
(Business Entity Name)

(Document Number)

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2019 MAY 14 PM 4:06
TOLSON

T GLASS

MAY 23 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFINITY 512 ESPANOLA LICENSE 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:

MICHAEL H. TARKOFF

Name of Person

GREENSPOON MARDER LLP

Firm/Company

600 BRICKELL AVENUE, 36TH FLOOR

Address

MIAMI, FL 33131

City/State and Zip Code

michael.tarkoff@gmlaw.com

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

For further information concerning this matter, please call:

MICHAEL H. TARKOFF

305 789-2770
at ()

Name of Person

Area Code

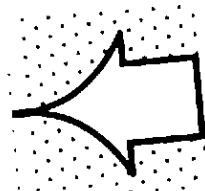
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



**SIGN
HERE**

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CLERK OF CIRCUIT COURT
JANICE L. JONES

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>
AR	CELNIK, PAUL	1438 WASHINGTON AVENUE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	IVAN GOMEZ	1438 WASHINGTON AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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9:41 AM
CLERK

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

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2019 MAY 14 PM 4:06

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

May 6th

20/19

Signature of a member or authorized representative of a member

STEVEN J. KASSIN

Typed or printed name of signee