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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

06/08/18--01001--007    \*\*25.00

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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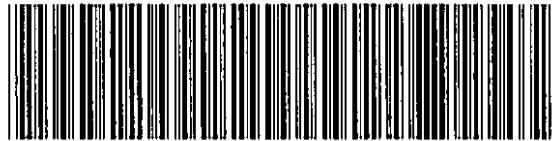
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JUN 11 2018

STATE OF NEW YORK  
DIVISION OF CORPORATIONS

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## COVER LETTER

TO: Registration Section  
Division of Corporations

**FLORIDER GROUP LLC**  
**SUBJECT:** \_\_\_\_\_ **Name of Limited Liability Company**

The enclosed Articles of Amendment and see(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SVETOSLAV K. RANKOV

Name of Person

FLORIDER GROUP LLC

Firm/Company

1105 11TH AVENUE

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**Address**

JACKSONVILLE BEACH, FLORIDA 32250

City/State and Zip Code

SALES@FLORIDERGROUP.COM

[E-mail address; (to be used for future annual report notification)]

For further information concerning this matter, please call:

SVETOSLAV K. RANKOV at ( 904 ) 710-7390  
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

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**