

LA 0000 82494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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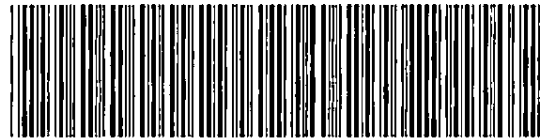
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EFFUSION GALLERY KEY WEST, 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:

GORAN DRAGOSLAVIC

Name of Person

EFFUSION GALLERY KEY WEST, LLC

Firm/Company

1800 W Broward Blvd

Address

Fort Lauderdale, Florida, 33312

City/State and Zip Code

Tgfat@msn.com

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

For further information concerning this matter, please call:

GORAN DRAGOSLAVIC

954

2956564

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

[illegible]

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

MENDED NAME/NAME CHANGE OF CURRENT MGR:

DRIVERS LICENSE IMAGE ATTATCHED.C400-640-70-091-0

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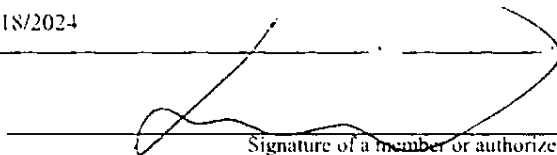
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 11/18/2024



Signature of a member or authorized representative of a member

GORAN DRAGOSLAVIC

Typed or printed name of signee

Filing Fee: \$25.00

EFFUSION GALLERY KEY WEST, LLC

1800 W Broward Blvd,

Fort Lauderdale,

Florida 33312

Contact :

Goran Dragoslavic

9542956564

USA



Florida

DRIVER LICENSE

C400-648-7000

COLLECTOR

OF THE

FLORIDA DEPARTMENT OF

TRANSPORTATION

AND

SALES

AND

REVENUE

SALES

AND

REVENUE

