

L18000086088

(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:

pg 3 memo a/4

Office Use Only



900316141199

07/31/18--01003--016 \*\*25.00

18 SEP -6 PM 3:24

SEP - C 2016

S. PRATHEP



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2018

KORIN YASHAR  
3389 SHERIDAN STREET., #122  
HOLLYWOOD, FL 33021

SUBJECT: 565 WEST AVE A, LLC  
Ref. Number: L18000086088

We have received your document for 565 WEST AVE A, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 of 3 is missing

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 818A00016256

CEI  
EP-4 PH12:23  
15 AUG 2018  
DIVISION OF CORPORATIONS

18 AUG 35 PM12:22  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 565 West Ave A, 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:

Korin Yashar

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3389 Sheridan Street #122

\_\_\_\_\_  
Address

Hollywood, FL 33021

\_\_\_\_\_  
City/State and Zip Code

korinyashar@gmail.com

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

For further information concerning this matter, please call:

Korin Yashar

718 216-3115  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

565 West Ave A, 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 04/05/18 and assigned,  
Florida document number L18000086088.

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)**

2901 Simms Street

Hollywood, FL 33020

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3389 Sheridan Street #122

Hollywood, FL 33021

**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:

New Registered Office Address:

2901 Simms Street

*Enter Florida street address*

Hollywood

*City*

Florida 33020

*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>                      |
|--------------|----------------|---------------------|--|
| mgr          | Korin Yashar   | 2901 Simms Street   | <input type="checkbox"/> Add               |
|              |                | Hollywood, FL 33020 | <input type="checkbox"/> Remove            |
|              |                |                     | <input checked="" type="checkbox"/> Change |
| mgr          | Morty J Yashar | 2901 Simms Street   | <input checked="" type="checkbox"/> Add    |
|              |                | Hollywood, FL 33020 | <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            |

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

[illegible]

**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 August 29, 2018

Signature of a member or authorized representative of a member

Korin Vashar  
Typed or printed name of signee

Typed or printed name of signee

SEP 11 1961