

**L18000160501**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H18000199651 3)))



H180001996513ABC7

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : KIM MARKS CPA  
Account Number : I20120000072  
Phone : (305)895-5815  
Fax Number : (305)895-6273

FILED  
18 JUL 10 AM 8:04

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2018 JUL 10 AM 7:32

DEPARTMENT OF  
DIVISION OF CORPORATIONS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
L&D SOFER LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

✓ SALY

JUL 11 2018

MI 80001996513  
COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L&D SOFER 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:

Stephen Korn  
Name of Person  
Stephen Korn CPA PA  
Firm/Company  
21150 NE 22nd Ct  
Address  
Miami, FL 33180  
City/State and Zip Code  
stephenkorncpa@gmail.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Korn at (754) 214-5532  
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

H 180001996513

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
18 JUL 10 AM 8:05  
STATE

L&D SOFER 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 07/02/2018 and assigned Florida document number L18000160501.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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

MI 80001 996513

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>                   |
|--------------|-------------|----------------------------|---|
| AMBR         | Yael Sofer  | 20130 WEST DIXIE HWY 2230E | <input checked="" type="checkbox"/> Add |
|              |             | MIAMI, FL 33180            | <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         |

FILED  
JUL 10 AM 8:05

