

L18000168590

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6103

From: Account Name : DANIEL BENGOLO CPA PA
Account Number : I2C180000003
Phone : (954) 621-2221
Fax Number : (856) 843-2497

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

Email Address: and@benglo.tax

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MY LUMON LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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18 JUL 26 AM 6:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

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7/24/2018 12:22:04 PM PAGE 1/001 Fax Server



July 24, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MY LUMON LLC
3030 NE 186 TH STREET APT 708
AVENTURA, FL 33180

SUBJECT: MY LUMON LLC
REF: L18000168590

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a corporation. This company is a LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000211837
Letter Number: 518A00015183

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY LUMON 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:

ANAT YANIV

Name of Person

DANIEL BENGIO CPA PA

Firm/Company

6100 HOLLYWOOD BLVD STE 212

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

ANAT@BENGIO.TAX

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

For further information concerning this matter, please call:

ANAT YANIV

Name of Person

at (954)
Area Code

800-3806

Daytime Telephone Number

Enclosed is a check for the following amount(s):

☒ \$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**

FILED
18 JUL 26 AM 6:40
16173990292 From: ...
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MY LUMON 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 07/10/2018 and assigned
Florida document number L18000168590

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

City, Florida 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>
AMBR	MIKHAIL AGEEV	3030 NE 188 TH STREET APT 708	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADAM BRANGER	3030 NE 188 TH STREET APT 708	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE

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

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E. Effective date, if other than the date of filing: 07/20/2018 (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 (3Mb)
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 JULY 20TH 2018

Yehiel Ham

Signature of a member or authorized representative of a member

YEHIEL HAM, AMBR

Typed or printed name of signer