

L18 000 221 394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

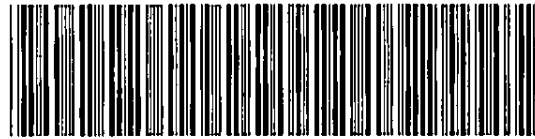
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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SEP 19 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations
Miami Vice Wireless

SUBJECT: _____
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:

HAMMAD ABU-DAHAB

Name of Person

MIAMI VICE WIRELESS

Firm/Company

79815 FRENCH DR UNIT: 401

Address

Pembroke Pines/ FLORIDA 33024

City/State and Zip Code

miamivice0101@gmail.com

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

For further information concerning this matter, please call:

Hammad Abu-Dahab

305 498 1721

Name of Person at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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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	CHAYAN V. BRUNI	17150 NORTH BAY ROAD	<input type="checkbox"/> Add
		SUNNY ISLES, FL.	<input type="checkbox"/> Remove
		33160	<input type="checkbox"/> Change
MGR	MICHAEL SANFIEL JR	5061 SW 159 CT	<input type="checkbox"/> Add
		MIAMI, FL.	<input type="checkbox"/> Remove
		33185	<input type="checkbox"/> Change
MGR	HAMMAD ABU-DAHAB	79815 FRENCH DR UNIT: 401	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL.	<input type="checkbox"/> Remove
		33024	<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

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

SECRETARY OF THE
ITALIAN ASSOCIATION

SECRET
ITALIAN
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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 06/25, 2020



Signature of a member or authorized representative of a member

Hammad Abu-Dahab

Chayan Bruni

Typed or printed name of signee

Filing Fee: \$25.00