

L18000257167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

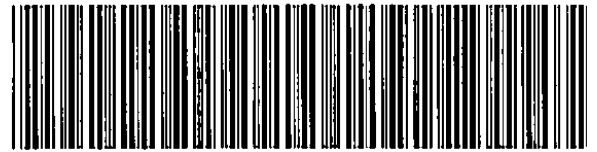
(Business Entity Name)

(Document Number)

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R. WHITE

JUL 15 2019

2019 JUL -3 PM 5:51
JUL 15 2019
JUL 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 900 SW 2 AVE, 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:

Jesenia Gil

Name of Person

Stok Kon - Braverman, P.A

Firm/Company

1 EAST BROWARD BLVD, SUITE 915

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

asa1@hgroupintl.com

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

For further information concerning this matter, please call:

JESENIA GIL

954 237-1777

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRET

2019 JUN -3 PM 5:51

and assistant

11/01/2018

and assignee

and assi

and assignee

Elusida

, Florida

506 *Journal of Management Inquiry* 16(4)

Registered Agent:

Circumstance	Percentage (%)
If someone is attacking you	85
If someone is threatening you	75
If someone is harassing you	65
If someone is insulting you	55
If someone is annoying you	45

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
MGR	ARAD, DORON	1411 NE 109TH STREET MIAMI, FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ARAD, DORON	1411 NE 109TH STREET MIAMI, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ASAF, HORESH	1411 NE 109TH STREET MIAMI, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	RUBANENKO, DAN	1411 NE 109TH STREET MIAMI, FL 33161	<input checked="" 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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 27th 2019


Signature of a member or authorized representative of a member

ASAF HORESHI

Typed or printed name of signee