

L19000019526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

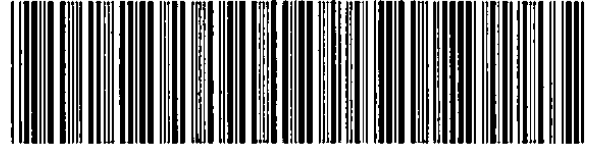
(Business Entity Name)

(Document Number)

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2019 AUG -8 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2019
Clerk

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SUNNY ISLE APARTMENTS 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:

Ilana Artzy

Name of Person

The Law Office of Ilana Kalichman-Artzy, PA

Firm Company

19390 Collins Avenue, Suite B3

Address

Sunny Isles, Florida 33160

City/State and Zip Code

iarzy@jikalaw.com

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

For further information concerning this matter, please call:

Ilana Artzy

305 733-0933

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

630 AUG -8 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FL 32301

_____ and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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	ALEX RUBIN	8 LAWRENCE DRIVE SHORT HILLS, NJ 07078	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEX RUBIN	8 LAWRENCE DRIVE SHORT HILLS, NJ 07078	<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
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			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated August 2, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee