

L19 000057304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

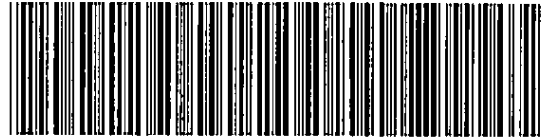
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/27/19--01007--017 \*\*25.00

2019 OCT 27 AM 11:14

R. WHITE  
OCT 12 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4340 SW 57TH 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:

DORCAS TROCHE

\_\_\_\_\_  
Name of Person

RCG ACCOUNTING & ASSOCIATES, INC

\_\_\_\_\_  
Firm/Company

9000 SHERIDAN STREET SUITE 138

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33024

\_\_\_\_\_  
City/State and Zip Code

DORCAS@RCGACCOUNTANTS.COM

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

For further information concerning this matter, please call:

DORCAS TROCHE

954 862-2222

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

10

2019 SEP 27 PM: 14

(A Florida Limited Liability Company)

02/27/2019

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

***(Mailing address MAY BE A POST OFFICE BOX)***

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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**

[illegible]

[illegible]

(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)

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.

Betty Spivey  
Signature of a member or authorized representative of a member

Typed or printed name of signee