

L19000 070 506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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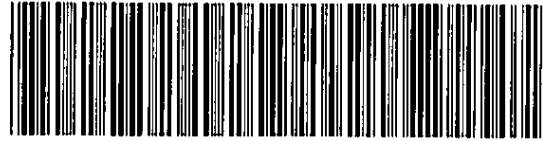
(Business Entity Name)

(Document Number)

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CITY OF CHICAGO

DEC - 7 2019
T SCHROEDER

1. *Journal of the American Medical Association*, 1997; 278: 1039-1044.

**TO: Registration Section
Division of Corporations**

SUBJECT: 1605 28TH TERR. 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:

BARBARA RUIZ-GONZALEZ

Name of Person

RUIZ-GONZALEZ LAW PLLC

Firm/Company

PO BOX 833059

Address

MIAMI, FL 33283

City/State and Zip Code

barbara@ruizgonzalezlaw.com

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

For further information concerning this matter, please call:

Barbara Ruiz-Gonzalez 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

1605 28TH TERR, LLC

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>
MGR	JOSEPHINE WALSH	15606 CHINOOK WAY	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA. A WALSH	15606 CHINOOK WAY	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Blank lined area for amendments.

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-06-2019 BY 60324

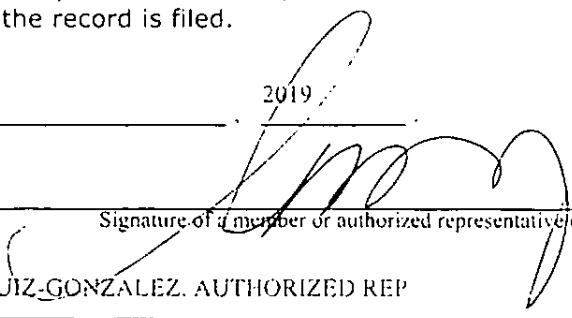
E. Effective date, if other than the date of filing: _____ (optional)

(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 NOVEMBER 5, 2019



Signature of a member or authorized representative of a member

BARBARA RUIZ-GONZALEZ, AUTHORIZED REP

Typed or printed name of signee