

L19000 125 826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

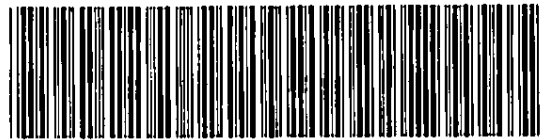
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC BREEZE PROPERTIES 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:

DAVID DWECK

Name of Person

SOUTHEAST REGIONAL REALTY CORP

Firm/Company

3600 S STATE ROAD 7, STE 228

Address

MIRAMAR, FLORIDA 33023-5203

City/State and Zip Code

DAVID@SRRCORP.COM

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

For further information concerning this matter, please call:

DAVID DWECK

305 848-5692

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	FERNANDA MOGRAY	3600 S STATE ROAD 7	<input type="checkbox"/> Add
		STE 228	<input type="checkbox"/> Remove
		MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Change
MGR	JOHN M MOGRAY	3600 S STATE ROAD 7	<input type="checkbox"/> Add
		STE 228	<input type="checkbox"/> Remove
		MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Change
AMBR	DAVID DWECK	3600 S STATE ROAD 7	<input checked="" type="checkbox"/> Add
		STE 228	<input type="checkbox"/> Remove
		MIRAMAR, FL 33023	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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 (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 25, 2019

Signature of a member or authorized representative of a member

DAVID DWECK

Typed or printed name of signee