

# L19000 160 921

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2019 AUG 19 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

AUG 27 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E.H.L. MARKETING 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:

MIRIT ZELLER

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

ORB CPA PA

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

1000 S STATE RD 7

\_\_\_\_\_  
Address

PLANTATION, FL 33317

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

MIRIT@ORBCPA.COM

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

For further information concerning this matter, please call:

MIRIT ZELLER

954

362-7720

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

## 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	ROZIN, MICHAEL O	7485 INSPIRA CIR	<input checked="" type="checkbox"/> Add
		APT 1212	<input type="checkbox"/> Remove
		NAPLES, FL 34113	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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This image shows a single page from a notebook or ledger. It features ten evenly spaced horizontal blue lines running across the width of the page. The lines are thin and light blue, set against a plain white background. There are no margins, text, or other markings present on the page.

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee