

L19 000165887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

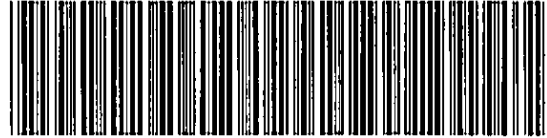
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE
OCT 08 2019

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: 5765 La Gorce Drive 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:

Eliot Abbott

Name of Person

Hinshaw & Culbertson LLP

Firm/Company

2525 Ponce de Leon Blvd., 4th Floor

Address

Coral Gables, FL 33134

City/State and Zip Code

eabbott@hinshawlaw.com

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

For further information concerning this matter, please call:

Eliot Abbott

305

428-5061

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

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(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> |
|--------------|--------------|-----------------------|--|
| AR | Sonia Kashuk | 5774 Pine Tree Drive | <input type="checkbox"/> Add |
| | | Miami Beach, FL 33140 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AR | Daniel Kaner | 5774 Pine Tree Drive | <input checked="" type="checkbox"/> Add |
| | | Miami Beach, FL 33140 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

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.

(b) The 90th day after the record is filed.

September 12, 2019



Signature of a member or authorized representative of a member

Eliot Abbott

Typed or printed name of signee