

L19000 244 464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

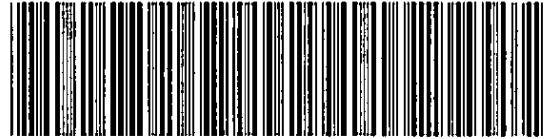
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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T GLASS

MAY 07 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2020

RONALD ABELES
4295 N. ATLANTIC AVENUE
COCOA BEACH, FL 32931

SUBJECT: POKE FIN LLC
Ref. Number: L19000244464

We have received your document for POKE FIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 620A00005678

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RECEIVED

MAY 04 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: POKE FIN 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:

RONALD ABELES

Name of Person

SSSPZ LLC dba POKE FIN

Firm/Company

4295 N. ATLANTIC AVENUE

Address

COCOA BEACH, FL 32931

City/State and Zip Code

debbie@pokefin.com

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

For further information concerning this matter, please call:

RONALD ABELES

321 266-8761
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

2020-11-14 PM 3:12

POKE FIN LLC

If Changing Registered Agent, Signature of New Registered Agent

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

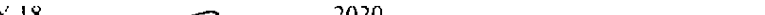
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 18

Y 18 2020



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00