

L20 0000018888

(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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02/08/20--01018--017 **55.00

20 FEB -5 PM 12:59

MAR 03 2020
C. McNAIR

I recently formed an LLC with the incorrect address.

The address is stated incorrectly as Military 'Drive' or 'DR.' The correct association is Military 'Trail' or 'TRL.'

The full CORRECT address is....

6503 N Military Trail, #3507
Boca Raton, FL 33496

20 FEB -6 PM 12:59

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hawk 79 Hospitality Group 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:

Martin D Schecht

Name of Person

Hawk 79 Hospitality Group LLC

Firm/Company

6503 N Military Trail, #3507

Address

Boca Raton, Florida 33496

City/State and Zip Code

martyschecht@gmail.com

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

For further information concerning this matter, please call:

Martin D Schecht

630 715 - 4816
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

2013 FEB - 5 PM 12:59

20 FEB - 6 PH 12:50

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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 February 3rd 2020


Signature of a member

Signature of a member or authorized representative of a member

Martin D Schecht

Typed or printed name of signee