



DONALD J. KAHN, ESQ.

DAVID J. KAHN, ESQ.

May 22nd, 2024

Via FedEx: 7764 8792 2613

Florida Department of State
Registration Section
Division
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Vandam 595 LLC
LLC Amendment
Our File #GK-23-0306

Dear Sir/Madam:

In connection with the above-referenced, enclosed please find a Attorneys Trust account check #0908 in the amount of \$30.00 for Filing Fee and Certificate of Status

If you have any questions please do not hesitate to call. Thank you for your help.

Sincerely

A handwritten signature in cursive script, appearing to read "Kayla Gorman".

Legal Assistant

(ENC)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VANDAM 595 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:

Andrew Miller

Name of Person

Firm/Company

595 East 10th Avenue

Address

Hialeah, Florida 33010

City/State and Zip Code

andrewfrommiami@gmail.com

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

For further information concerning this matter, please call:

Andrew Miller

786 688-1313
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
AMBR	Andrew Miller	595 East 10th Avenue	<input checked="" type="checkbox"/> Add
		Hialeah, Florida 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Victoria Martin	595 East 10th Avenue	<input checked="" type="checkbox"/> Add
		Hialeah, Florida 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Northwest Registered Agent LLC	7901 4th ST N	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		ST. Petersburg, FL 33702	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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

Filing Fee: \$25.00