

L20000213441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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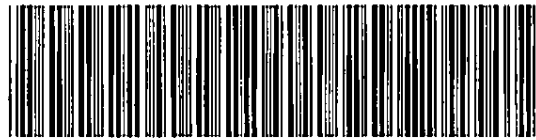
(Business Entity Name)

(Document Number)

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C. GOLDEN

OCT - 6 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: *FOUR FAMILY DIAMONDS 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:

John F. Hotte, Esq

Name of Person

Krinzman Huss Lubetsky Feldman & Hotte, LLC

Firm/Company

110 South East 6th Street, Suite 1430

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

jfh@khllaw.com

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

For further information concerning this matter, please call:

John F. Hotte, Esq

954

761-3454

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

27 FEB 6:10

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

A. If amending name, enter the new name of the limited liability company here:

New York, NY 10016

New York, NY 10016

Zip Code

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>
MGR	ISAAC OHEBSHALOM	347 Fifth Avenue, Suite 300	<input type="checkbox"/> Add
		New York, NY 10016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	NADER OHEBSHALOM	347 Fifth Avenue, Suite 300	<input type="checkbox"/> Add
		New York, NY 10016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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