

4/12/22, 1:27 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2000376230

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000132859 3)))



H220001328593ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ORDERS@INTERSTATEFILINGS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMM 1 REALTY HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 APR 12 PM 2:30

 2022 APR 12 AM 7:49
 RECEIVED
 DIVISION OF CORPORATIONS

 APPROVED
 AND
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 3307D315-58AB-484D-9422-8B4B272DB594

When amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

(((H22000132859 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDREW SHLOMOVICH	3990 HYDE PARK CIR	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
MGR	ARIEL GORELIK	7901 4TH ST N STE 300	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

DocuSign Envelope ID: 3307D315-58AB-484D-8422-8B4B272DB594

(((H22000132859 3)))

12. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: 04/08 2022

DocuSigned by:

Signature 3289C7F51E3E4C4 authorized representative of a member
Ariel Gorelik

Typed or printed name of signer