

h21 000063211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

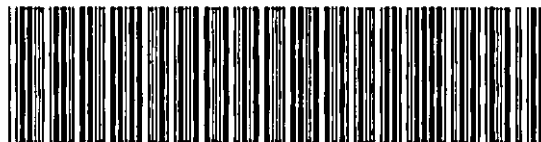
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700386260687

04/22/22--01018--005 \*\*30.00

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
22 APR 22 PM 3:52

T. MATTHEWS

JUN - 9 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ABOVE THE NOISE, 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:

SCOTT J. WEISELBERG

\_\_\_\_\_  
Name of Person

KOPELOWITZ OSTROW, PA

\_\_\_\_\_  
Firm/Company

1 WEST LAS OLAS BLVD., SUITE 500

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33301

\_\_\_\_\_  
City/State and Zip Code

WEISELBERG@KOLAWYERS.COM

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

For further information concerning this matter, please call:

SCOTT J. WEISELBERG

954 494-1117  
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



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	SAMSON, CALEB	12131 NW 7TH STREET	<input type="checkbox"/> Add
		PLANTATION, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HUROWITZ, HENRY	5721 OAKVIEW TERRACE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 3331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WEINBRUM, MICHAEL	701 N. FORT LAUDERDALE BEACH BLVD., #902	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WEISELBERG, BRETT	3541 NORTH 53RD AVE.	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WEISELBERG, BRETT	3541 NORTH 53RD AVE.	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OSTROW, GAVIN	10915 WHITEHAWK STREET	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 APRIL 4 2022

Signature of a member of

SCOTT J. WEISELBERG

Typed or printed name of signee

**Filing Fee: \$25.00**