

L21 000080124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

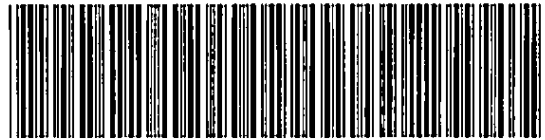
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 12 2021

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2021 APR 12 PM 11:03
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Kue 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

Shimon U Sacharow

Name of Person

Kue Hospitality Group LLC

Firm Company

731 NW 182nd Way

Address

Pembroke Pines, FL 33029

City/State and Zip Code

urisacharow@gmail.com

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

For further information concerning this matter, please call

Shimon Sacharow

Name of Person
954 850-3369
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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
Tallahassee, FL 32303

Kue Hospitality Group LLC

If Changing Registered Agent, Signature of New Registered Agent

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If attending 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>
CEO	Shimon U Sacharow	731 NW 182nd Way	<input checked="" type="checkbox"/> Add
		Pembroke Pines	<input type="checkbox"/> Remove
		FL 33029	<input type="checkbox"/> Change
COO	Kyshali Ramirez	2880 NE 12th Terr	<input type="checkbox"/> Add
		Pompano Beach	<input type="checkbox"/> Remove
		FL 33064	<input checked="" type="checkbox"/> Change
CHO	Eric Vincent	2880 NE 12th Terr	<input type="checkbox"/> Add
		Pompano Beach	<input type="checkbox"/> Remove
		FL 33064	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2021 APR 12 AM 11:03
TALLAHASSEE, FL 32304

[illegible]

2021 APR 12 AM 11:03
TALLAHASSEE, FLORIDA

(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