

**L21000147445**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H21000261882 3)))



H210002618823ABC/

**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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

2021 JUL -8 AM 6:11  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**93 CAPONE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

BB  
7/8/21

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: 93 CAPONE, 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:

Howard Nadel

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

Howard B. Nadel, P.A.

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

301 W. Hallandale Beach Blvd.

\_\_\_\_\_  
Address

Hallandale Beach, Florida 33009

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

hnadel@rnflaw.com

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

For further information concerning this matter, please call:

Howard B. Nadel

954 455-5100  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JUL -8 AM 6:11

FILED



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	NELSON GONZALEZ	419 Arthur Godfrey Road	<input checked="" type="checkbox"/> Add
		Miami Beach, Florida 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HOWARD B. NADEL	301 W. Hallandale Beach Blvd.	<input type="checkbox"/> Add
		Hallandale Beach, Florida 33009	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2020 JUL -8 AM 6:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ד  
ל  
מ  
ד

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 § 36-2307 (b)(4)  
 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 (1) The 90th day after the record is filed.

Costa Rica July 7

~~Signature of a member or authorized representative of a member~~

HOWARD B. NADEL

Typed or printed name of signer

**Filing Fee: \$25.00**