

122000135014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

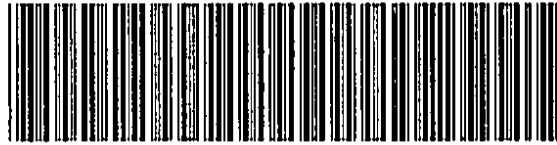
(Document Number)

Certified Copies _____

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FILED
2022 SEP -6 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
Amend.

SEP 07 2022
D CORTELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2022

DAVIDE DI CARLI
AD PROPERTIES GROUP LLC
5004 OLD WINTER GARDEN RD
ORLANDO, FL 32811

SUBJECT: AD PROPERTIES GROUP LLC
Ref. Number: L22000135099

We have received your document for AD PROPERTIES GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6862.

Sean Toner
Director

Letter Number: 122A00017048

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AD PROPERTIES 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:

DAVIDE DI CARLI

Name of Person

AD PROPERTIES GROUP LLC

Firm/Company

2775 NE 18TH #412,

Address

AVENTURA, FL, 33180.

City/State and Zip Code

info@diregulators.com

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

For further information concerning this matter, please call:

DAVIDE DI CARLI

Name of Person

at (786) 557 1560

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

2 _____ and assigned

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

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

[illegible]

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

PLEASE CHANGE PRINCIPAL ADDRESS TO 5004 OLD WINTER
GARDEN RD, ORLANDO, FLORIDA, 32811 AND MAILING ADDRESS
TO 2775 NE 12TH AVE #412, AVENTURA, FL 33180

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 September 03, 2022.



Signature of a member or authorized representative of a member

DAVIDE DI CORLI

Typed or printed name of signee