

L22 000 527 332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

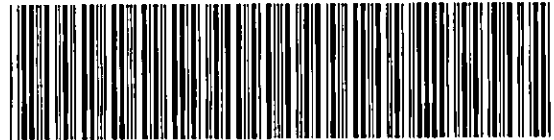
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 320 COLUMBUS QOZB 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:

Steven Eshkenazi

Name of Person

Firm/Company

308 W Frances Ave Unit 1,

Address

Tampa, FL 33602

City/State and Zip Code

eshkenazi1@gmail.com

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

For further information concerning this matter, please call:

Steven Eshkenazi

954

2059014

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

## 320 COLUMBUS QOZ.B LLC

**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

| <u>Title</u> | <u>Name</u>          | <u>Address</u>                             | <u>Type of Action</u>                      |
|--------------|----------------------|--------------------------------------------|--------------------------------------------|
| MGR          | Mark Kappelman       |                                            | <input type="checkbox"/> Add               |
|              |                      | 2328 N Maplewood Ave, Chicago, IL 60647    | <input checked="" type="checkbox"/> Remove |
|              |                      |                                            | <input type="checkbox"/> Change            |
| MGR          | Steven Eshkenazi     |                                            | <input checked="" type="checkbox"/> Add    |
|              |                      | 308 W Frances Ave, Unit 1, Tampa, FL 33602 | <input type="checkbox"/> Remove            |
|              |                      |                                            | <input type="checkbox"/> Change            |
| MGR          | 320 COLUMBUS QOF LLC | 308 W Frances Ave, Unit 1, Tampa, FL 33602 | <input checked="" 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            |

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

Dated January 9

2023

Signature of a member or authorized representative of a member

Steven Eshkenazi

Typed or printed name of signee