

L23000002987

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.

((H24000232754 3)))



H240002327543ABC\$

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 : SUSANA BIJANI
Account Number : I20180000088
Phone : (305)632-0520
Fax Number : (305)632-0520

2024 JUL -9 AM 14:23
FILED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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

Email Address: admin@onlinemovers.miami

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

6312 NW 104 PATH, LLC

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

K. SALY

JUL 10 2024

RECEIVED

2024 JUL -9 PM 12:57

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

6312 NW 104 PATH LLC

SUBJECT: _____
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:

SUSANA BIJANI

Name of Person

Firm/Company

11255 NW 77TH TERRACE

Address

MIAMI, FL 33178

City/State and Zip Code

ADMIN@ONLINEMOVERS.MIAMI

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

For further information concerning this matter, please call:

SUSANA BIJANI

305 632-0520

Name of Person

at (_____) _____
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

(H240002327543)

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	ARIANA ALLIEGRO	10025 NW 77TH ST	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUL-9 AM 11:24
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

(H240002327543)

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

2024 JUL -9 AM 4:24
Signal Boost. Flood
FALLAHABST. FLOOD

FILED

07/01/2024

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.

07/01/2024

Dated

Signature of a member or authorized representative of a member

ARIANA ALLIEGRO

Typed or printed name of signee

Filing Fee: \$25.00

(+24000232754 3)