

L23000025421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

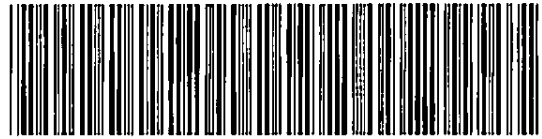
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALABAMA

PN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1215 N ATLANTIC DB 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:

CORY S. CARANO

Name of Person

CORY S. CARANO, P.A.

Firm/Company

250 N CONGRESS AVE, STE. D

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

ayciholdings@gmail.com

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

For further information concerning this matter, please call:

CORY S. CARANO

954 261-4760
at ()
Area Code Daytime Telephone Number

Name of Person

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

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>
AMBR	SAMEAH LLC	735 N ATLANTIC AVENUE	<input checked="" type="checkbox"/> Add
		DAYTONA BEACH FL 32118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BH NISSIM LLC	1215 N ATLANTIC AVENUE	<input checked="" type="checkbox"/> Add
		DAYTONA BEACH FL 32118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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SALAS-ANDREONE

E. Effective date, if other than the date of filing: 02/20/2023 (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 FEBRUARY 20 2023

Signature of a member or authorized representative of a member

CORY S. CARANO, ESQ

Typed or printed name of signee

Filing Fee: \$25.00