

L23000060376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

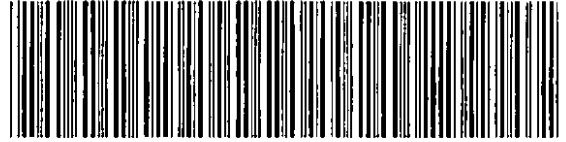
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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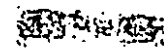


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2023 JUL 13 PM 2:12
CLERK OF STATE
TALLAHASSEE, FL

FILED



R. HUNT

07/13/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADX VACATION HOMES 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:

IMRAN MOHAMED

Name of Person

Firm/Company

3096 ELLA WAY

Address

SAINT CLOUD, FLORIDA 34771

City/State and Zip Code

IMROBIN2@GMAIL.COM

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

For further information concerning this matter, please call:

ADIL A.ALI

716

466-0408

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

RECEIVED
DIVISION OF STATE
CORPORATIONS, FL
JUN 13 PM 2:12

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	JINA POLUS	10 GLEN ABBEY TRAIL KLEINBURG, ONTARIO	<input checked="" type="checkbox"/> Add
		L4H 4K4 CANADA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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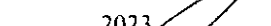
STATE OF FLORIDA
DEPARTMENT OF STATE
PH 2:12
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OFFICE OF STATE
TREASURER, FL

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2023
STATE
FL

(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.

Dated JUNE 23, 2023



Signature of a member or authorized representative of a n

Typed or printed name of signee

Filing Fee: \$25.00