

L24 000 104 008

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

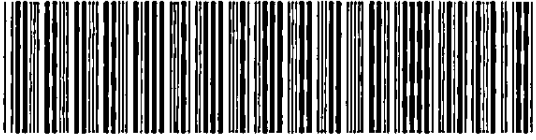
(Business Entity Name)

(Document Number)

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REGISTRY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 307 Atlantic Ave ZZMM, 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:

Yosef Y. Popack

Name of Person

307 Atlantic Ave ZZMM, LLC

Firm/Company

5840 Brookfield Circle E.

Address

Hollywood, Florida 33312

City/State and Zip Code

e.popack@pulsaribuilders.com

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

For further information concerning this matter, please call:

Yosef Y. Popack

310 990-5657
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

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	Pulsari Builders, Inc.	5840 Brookfield Circle E.	<input type="checkbox"/> Add
		Hollywood, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yosef Y. Popack	5840 Brookfield Circle E.	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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.

5/30/2024

- DocuSigned by:

-A330FC472E764B

Yosef Y. Popack

Filing Fee: \$25.00