

L24 000 1SS 311

(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:

Office Use Only



200430590032

05/29/21 -01017--014 **25.00

FILED

2021 MAY 29 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADA DEVELOPERS 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:

Guillermo Arrizabalo

Name of Person

Incorponets LLC

Firm/Company

8325 NE 2nd Ave STE 349

Address

Miami, Florida 33138

City/State and Zip Code

info@dasbanq.com

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

FILED
2024 MAY 29 PM 11:24
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Guillermo Arrizabalo

202 7519982

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 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	MIODOWNIK, ARIEL	PLAZA DEL ESTE 7 ATICO B	<input type="checkbox"/> Add
		MADRID, ES 28029 ES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIODOWNIK, ARIE	PLAZA DEL ESTE 7 ATICO B	<input checked="" type="checkbox"/> Add
		MADRID, ES 28029 ES	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BIRNBAUM, ARIEL	19900 E COUNTRY CLUB DR APT 618	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BIRNBAUM, DAVID	19900 E COUNTRY CLUB DR APT 618	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<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

SECRETARY OF STATE
TALLAHASSEE, FL
2024 MAY 29 AM 11:14
RECEIVED

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

2024 MAY 29 AM 11:21
SECRETARY OF STATE
TAL. AM. SEC. FI

2011 MAR 29 PM 11:24
SECRETARY OF STATE
TAL. AIR. SEC. FI

82
1970
10

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.

Dated May 2, 2024

Andres Benzazon

Signature of a member or authorized representative of a member

Andres Benzazon

Typed or printed name of signee