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(Requestor's Name)

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(Address)

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(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



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17 FEB 14 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ALL CITY TITLE COMPANY

February 10, 2017

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Filing of Documents for Inverrary Plaza West, L.C.  
Our File Number: 16-043**

Dear Sir/Madam:

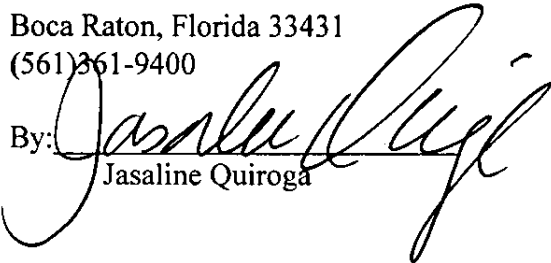
With regard to the file referenced above, enclosed you will find our check # 14907 for \$25.00, in payment of your filing fee for the amendment to Articles of Organization.

If you have any questions regarding this matter, please contact our office.

Very truly yours,

ALL CITY TITLE COMPANY  
2500 N. Military Trail  
Suite 235  
Boca Raton, Florida 33431  
(561) 361-9400

By:

  
Jasaline Quiroga

Enclosure

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Inverrary Plaza West, L.C.

\_\_\_\_\_  
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:

Samuel Susi

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7806 Charney Lane

\_\_\_\_\_  
Address

Boca Raton, FL 33496

\_\_\_\_\_  
City/State and Zip Code

sam@susienterprises.com

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

For further information concerning this matter, please call:

Samuel Susi

561 483-2030  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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	Samuel Susi	7806 Charney Lane, Boca Raton, F	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Samuel Susi	7806 Charney Lane, Boca Raton, F.	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

"Article IV - Management" is hereby removed in its entirety and replaced with the following:

"Article IV - Management: The Company is to be managed by a manager. The name and address of the manager is Samuel Susi, 7806 Charney Lane, Boca Raton, FL 33496."

17 FEB 14 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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 February 7, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Samuel Susi

\_\_\_\_\_  
Typed or printed name of signee