

M10000005786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

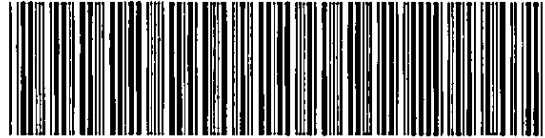
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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DEC 4 2017

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DEC 4 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2017

AMY KELLEY  
3 CYPRESS RUN #32C  
HOMOSASSA, FL 34446

SUBJECT: NEW SEVILLE 2011 DEVELOPMENT LLC  
Ref. Number: M10000005786

We have received your document for NEW SEVILLE 2011 DEVELOPMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 817A00023138

2017 DEC -4 AM 11:45

2017 DEC -4 PM 1:00

2017 DEC -4 PM 1:00

2017 DEC -4 PM 1:00

2017 DEC -4 PM 1:00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: New Seville 2011 Development LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Kelley  
Name of Person

New Seville 2011 Development LLC  
Firm/Company

3 Cypress Run # 32C  
Address

Hombasa, FL 34446  
City/State and Zip Code

nkcorp@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Kelley at (352) 382-5183  
Name of Person Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

### Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: New Seville 2011 Development LLC

Enter new principal office address, if applicable:

(Principal office address)

MUST BE A STREET ADDRESS

3 Cypress Run #32C  
HOMOSASSA, FL 34446

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

PO Box 3179  
HOMOSASSA Springs, FL 34447

2. The Florida document number of this limited liability company is:

M10000005786

3. Jurisdiction of its organization:

Delaware

4. Date authorized to do business in Florida:

12/29/10

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Amy Kelley

New Registered Office Address:

3 Cypress Run #32C

Enter Florida Street Address

HOMOSASSA

City

Florida

34446

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Amy Kelley  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>UGR</u>	<u>Optima DHM Corp</u>	<u>3 Cypress Run #32C</u> <u>Homestead, FL 34446</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>UGR</u>	<u>Nachum Kalika</u>		<input type="checkbox"/> Add
		<u>3 Cypress Run #32C</u> <u>Homestead, FL 34446</u>	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Amy Ekelly  
Signature of the authorized representative

Amy Ekelly  
Typed or printed name of signer

Filing Fee: \$25.00