

119 000006468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

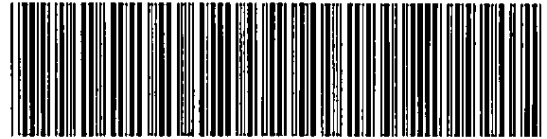
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/18/18--01025--007 **30.00

2018 SEP 18 AM 10:05
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BLOOM & FREELING

ATTORNEYS AT LAW

2295 NW CORPORATE BOULEVARD • SUITE 117
BOCA RATON, FLORIDA 33431
TEL: 561-864-0000 • FAX: 561-864-0001
E-MAIL: BFLAW@BLOOM-FREELING.COM

JONATHAN BLOOM**
MICHAEL A. FREELING**

ALSO ADMITTED IN:
• NEW YORK
• CONNECTICUT
• WASHINGTON D.C.

September 17, 2019

SEP 18 AM 10:05
ALL AMES STAFF

VIA OVERNIGHT MAIL

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

**Re: Amendment to Certificate of Authority Application for Real Estate
Company Neumann and Associates, LLC**

To whom it may concern:

Please be advised that I am counsel to Neumann and Associates, LLC. Enclosed herewith please find the following:

1. Amendment to Certificate of Authority Application;
2. Check number 10282 in the amount of \$30.00 payable to Florida Department of State;
3. Sunbiz record of registered entity; and
4. Certificate of Good Standing from the State of New Jersey.

Should you require anything further, please do not hesitate to contact me.

Thank you for your attention regarding the above.

Very truly yours,



Jonathan Bloom, Esq.

JB/ljr
Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A. Neumann & Associates, 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:

Jonathan Bloom, Esq.

Name of Person

Bloom & Freeling

Firm/Company

2295 NW Corporate Blvd., Suite 117

Address

Boca Raton, FL 33431

City/State and Zip Code

jbloom@bloom-freeling.com

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

For further information concerning this matter, please call:

Jonathan Bloom

Name of Person

at (561) 864-0000

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: A. Neumann & Associates, LLC

Enter new principal office address, if applicable: 29 Fourth Ave
Atlantic Highlands, NJ 07716
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 29 Fourth Ave
Atlantic Highlands, NJ 07716
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M19000006468

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: 6/20/2019

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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City 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.

If Changing Registered Agent, Signature of New Registered Agent

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

<u>D</u>	<u>Irene R Radziewicz</u>	<u>29 Fourth Ave, Atlantic Highlands, NJ 07716</u>	<input checked="" type="checkbox"/> Add
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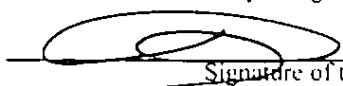
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9. Attached is a certificate, if required; no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Jonathan Bloom, Esq.

Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

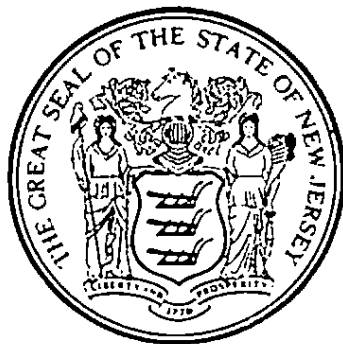
A NEUMANN & ASSOCIATES, LLC
0600163105

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 27, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019

I further certify that the registered agent and office are:

ACHIM NEUMANN
29 FOURTH AVE
ATLANTIC HIGHLANDS, NJ 07716



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of June, 2019.*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6098273398

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp