

M 2000 000 1065

(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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TALLAHASSEE, FL

○ SIMMONS

MAR 06 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2020

MYRON SIEGEL
1055 S FEDERAL HWY
HOLLYWOOD, FL 33020

Ref. Number: M2000001065

We have received your document for 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 FLORIDA 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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 620A00004266

RECEIVED
MAR 05 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EDELMAN PROPERTIES, 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:

Myron E. Siegel

Name of Person

Myron E. Siegel, P.A.

Firm/Company

1055 S. Federal Highway

Address

Hollywood, FL 33020

City/State and Zip Code

myron.siegel@siegelaw.com

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

For further information concerning this matter, please call:

Myron E Siegel

954 703-1619
at ()

Name of Person

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**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: EDELMAN PROPERTIES, LLC

Enter new principal office address, if applicable: 1850 S. Ocean Drive

**(Principal office address
MUST BE A STREET ADDRESS)**

#3904

Hallandale Beach, FL 33009

Enter new mailing address, if applicable:

**(Mailing address
MAY BE A POST OFFICE BOX)**

1850 S. Ocean Drive

#3904

Hallandale Beach, FL 33009

2. The Florida document number of this limited liability company is: M20000001065

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 1/14/2020

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

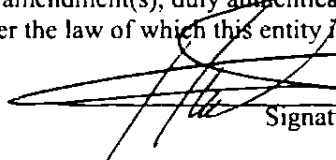
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
MGR	Samuel Martin Edelman, TUT	1850 S. Ocean Drive #3904	<input checked="" type="checkbox"/> Add
		Hallandale Beach, FL 33009	<input type="checkbox"/> Remove
MGR	Carol Faye Stern Edelman, TUT	1850 S. Ocean Drive #3904	<input checked="" type="checkbox"/> Add
		Hallandale Beach, FL 33009	<input 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

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 SECURED
 STATE
 OF FLORIDA

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
 Myron E. Siegel

 Typed or printed name of signee

Filing Fee: \$25.00