

L20 0000 97218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

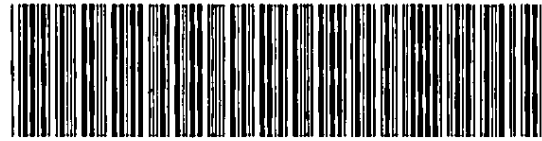
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/13/20 12:58:17

October 5th, 2020

TO: FLORIDA DEPARTMENT OF STATE – DIVISIONS OF CORPORATIONS

FORM TO: Amend the Articles of Organization of a Florida Limited Liability Company

To: Registration Section – Division of Corporations:

Please find included in this letter the application to amend I Love Cuomo Apparel, LLC. To remove one of the partners, Scott Fineman, from the entity.

FEIN #: 85-0655626

DOCUMENT NUMBER: :20000097218

The only person who will continue to operate this LLC. Will be myself, Lauren Turchin.

Thank you,
Lauren Turchin

A handwritten signature in black ink, appearing to read 'Lauren Turchin', written over the printed name.

305-389-8204

4490 N. MERIDIAN AVE.
MIAMI BEACH, FL 33140

LAURENTURCHIN@YAHOO.COM

COVER LETTER *TODAY'S date 10/05/2020.*

TO: Registration Section
Division of Corporations

SUBJECT: I Love CUOMO Apparel, 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:

Lauren Turchin
Name of Person

I Love CUOMO Apparel, LLC.
Firm/Company

4490 N. Meridian Ave.
Address

Miami Beach, FL 33140
City/State and Zip Code

Laurenturchin@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Turchin at (305) 389-8204
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NO I LOVE CUOMO AIRDART, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

Lauren Turchin (sole owner)

New Registered Office Address:

4490 N. Meridian Ave.

Enter Florida street address

Miami Beach, Florida 33140
City Zip Code

NOT NEW, But will be the sole owner & remaining partner

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.

Lauren Turchin

If Changing Registered Agent, Signature of New Registered Agent

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

Multiple horizontal lines for amending information.

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.

NOT Sure if I needed to sign below.

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 OCTOBER 5th 2020

Lauren Turkin

Signature of a member or authorized representative of a member

Lauren Turkin

Typed or printed name of signee