

122 0000 10832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

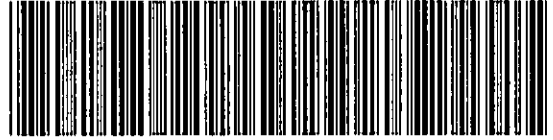
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2022 FEB 24 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

FEB 25 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: change or amend company's name
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:

Maritza C VERA
Name of Person

Maritza's sewing
Firm/Company

7107 Tusquoise Ln
Address

Orlando FL 32807
City/State and Zip Code

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

For further information concerning this matter, please call:

Maritza VERA at (407) 309 0518
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

FILED

2022 FEB 24 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FL

Maritza's Sewing 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 02-23-2022 and assigned
Florida document number LJ3000010232

This amendment is submitted to amend the following:

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

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

Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N A

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:

N A

New Registered Office Address:

N A
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.

N A
If Changing Registered Agent, Signature of New Registered Agent

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	MARITZA C VERA	7107 TUSQUOISE LN Orlando 32807	^{FL} <input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

For a mistake writing SEWING, THE REAL
name is MARITZA'S SEWING

E. Effective date, if other than the date of filing: 01-03-2022 (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 01-18-2022

Maritza Vera Parra
Signature of a member or authorized representative of a member

MARITZA VERA
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2022

MARITZA C VERA
7107 TURQUOISE LN
ORLANDO, FL 32807 US

SUBJECT: MARITZA S SEWING LLC
Ref. Number: L22000010832

We have received your document for MARITZA S SEWING 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 ORIGINAL NAME FOR YOUR ENTITY IS NOT IN OUR SYSTEM.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 822A00003814