

M16000006349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

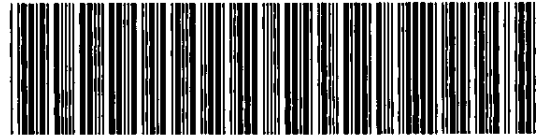
Special Instructions to Filing Officer:

* emailed 12/7/14
Spoke w/ Mr. Anderson -
4/27 -
OK to file - Chg. of add.
only for

Office Use Only

Principal, mailing + mgr's
address.

[Signature]
4/27/17



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11/28/16--01009--021 **25.00

FILED
2017 APR 27 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN

APR 27 2017



MILLS, MILLS & ANDERSON
LAW GROUP

November 23, 2016

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

RE: Stitches Miami, L.L.C.

To Whom It May Concern:

Enclosed herewith please find a copy of the following:

1. Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida;
2. Cover Letter;
3. Initial/Annual List of Managers or Members; and
4. Check in the amount of \$25.00

Should you have any questions, please do not hesitate to contact our office. Thank you.

SINCERELY,

MILLS, MILLS & ANDERSON

/s/ Daniel W. Anderson

DANIEL W. ANDERSON, ESQ.

DWA:tbw
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STITCHED MIAMI, L.L.C.
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:

DANIEL W. ANDERSON
Name of Person

MILLS, MILLS & ANDERSON
Firm/Company

703 S. 8TH STREET
Address

LAS VEGAS, NV 89101
City/State and Zip Code

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

For further information concerning this matter, please call:

DANIEL W. ANDERSON at (702) 386-0030
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: STITCHED MIAMI, L.L.C.

Enter new principal office address, if applicable: 223 HONORS COURSE DRIVE
LAS VEGAS, NV 89148
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 223 HONORS COURSE DRIVE
LAS VEGAS, NV 89148
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M16000006349

3. Jurisdiction of its organization: NEVADA

4. Date authorized to do business in Florida: 8/8/2016

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: _____

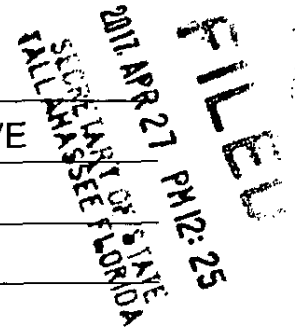
New Registered Office Address: _____

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



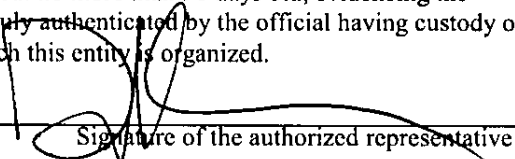
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Title/ Capacity	Name	Address	Type of Action
MGR	Eamon Springsall	223 Honors Course Dr	<input type="checkbox"/> Add
		Las Vegas, NV 89148	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

- Change of address only

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

DANIEL W. ANDERSON

Typed or printed name of signee

Filing Fee: \$25.00

FILED
 2017 APR 27 PM 12:25
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA