

7/13/23, 9:13 AM

Division of Corporations

MA300006492

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000245500 3)))



H230002455003ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : LEGALZOOM.COM INC.
 Account Number : I20010000062
 Phone : (323)962-8600
 Fax Number : (323)389-0502

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SNEAKERDREAMS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED

2023 JUL 13 AM 10:20

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2023 JUL 13 AM 11:15

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 14 2023
 T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNEAKERDREAMS 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:

CHEYENNE MOSELEY
Name of Person

LEGALZOOM.COM, INC.
Firm/Company

101 N BRAND BLVD., 11TH FLOOR
Address

GLENDALE, CA 91203
City/State and Zip Code

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

For further information concerning this matter, please call:

CHEYENNE MOSELEY, LEGALZOOM.COM, INC. at (800) 773 - 0888 ext. 9724
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: SNEAKERDREAMS LLC

Enter new principal office address, if applicable: 3347 SE Federal Hwy

(Principal office address) Stuart, FL 34997
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: 9304 Firenze Dr

(Mailing address) #107
MAY BE A POST OFFICE BOX

Palm Beach Gardens, FL 33418

2. The Florida document number of this limited liability company is: M23000006492

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 05/18/2023

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	SOTO, FRANCIS F		<input type="checkbox"/> Add
		814B TILDEN ST APT STC BRONX, NY 10467	<input checked="" type="checkbox"/> Remove
MBR	SOTO, FRANCIS F	9304 Firenze Dr #107 Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MBR	HOLGUIN, JENILSSA		<input type="checkbox"/> Add
		814B TILDEN ST APT STC BRONX, NY 10467	<input checked="" type="checkbox"/> Remove
MBR	HOLGUIN, JENILSSA	9304 Firenze Dr #107 Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Francis Soto

Typed or printed name of signee

Filing Fee: \$25.00