

L16000052882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

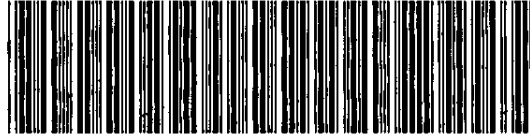
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04/07/16--01017--022 **25.00

FILED
2016 APR 26 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 28



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 APR 26 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 11, 2016

A NEW YOU, LLC
LIBIA VALERRAMA
859 E 24TH ST.
HIALEAH, FL 33013

SUBJECT: A NEW YOU, LLC
Ref. Number: L16000052882

We have received your document for A NEW YOU, 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 registered agent must sign accepting the designation.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00007379

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A NEW YOU, 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:

LIBIA VALDERRAMA

Name of Person

A NEW YOU, LLC

Firm/Company

859 E 24TH ST

Address

HIALEAH, FL 33013

City/State and Zip Code

maria@expoglobalservices.com

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

For further information concerning this matter, please call:

Maria Baena

786

859-2906

at (_____) _____

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A NEW YOU, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/15/2016 and assigned
Florida document number L16000052882.

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 "LLC" 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:

MARIA BAENA

New Registered Office Address:

22201 SW 187TH AVE

Enter Florida street address

MIAMI

City

, Florida 33170

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

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>
AMBR	LIBIA VALDERRAMA	859 E 24TH ST	<input type="checkbox"/> Add
		HIALEAHM FL 33013	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CARLOS LEMOS	22201 SW 187TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33170	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARIA BAENA	22201 SW 187TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33170	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input 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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2019 APR 26 PM 4:30
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TALLAHASSEE, FLORIDA

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

THE ONLY INFORMATION WE NEED TO CHANGE IS THE TITLE ON EACH OF THE MEMBERS

WE ARE THREE AUTHORIZED MEMBERS

EIN# 38-3993855

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TALLAHASSEE FLORIDA

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.

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 Wednesday April 6, 2016.

Libia M. Valderrama

Signature of a member or authorized representative of a member

LIBIA VALDERRAMA

Libia M. Valderrama

Typed or printed name of signee