

L19000116362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 24 2019

FILED

19 JUL 22 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 24 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2019

KAYLENE DURRANT
1657 BRANDYWINE RD APT 7212
WEST PALM BEACH, FL 33409

SUBJECT: TAPIS ROUGE LLC
Ref. Number: L19000116362

We have received your document for TAPIS ROUGE 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 319A00013730

2019 JUL 22 AM 11:23

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Topic 1
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:

Kaylene Durant
Name of Person

Firm/Company

1657 Broadway Rd Apt 7213
Address

West Palm Beach Florida 33409
City/State and Zip Code

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

For further information concerning this matter, please call:

Kaylene Durant at (561) 460-5082
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Tapis Rouge, 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 April 29th, 2019 and assigned Florida document number 419000116362.

This amendment is submitted to amend the following:

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

Tapis Rouge Shoes, 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 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)

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19 JUL 22 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

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

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>
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AMBR	Candice Adams	1057 Brandywine Rd Wpofl 33411	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

AMBR	Taylor Hogans	1057 Brandywine Rd Wpofl 33411	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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[illegible]

(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)