

L08000062577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

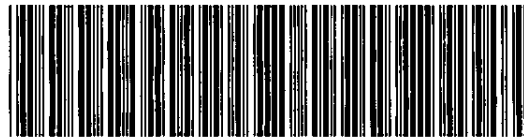
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000258173470

03/28/14--01010--001 **30.00

FILED
14 MAR 28 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 02 2014

Hi,

This is an Amendment to change the name
of Tiki Life LLC to MAZZINA APPAREL COMPANY LLC

Also included is a ~~delta~~ money order for \$30.00

Thank you,

Michael Luke Mazzina

863-873-4064

COVER LETTER

**TO: Registration Section
Division of Corporations**

TIKI LIFE LLC

SUBJECT: _____
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:

Michael Luke Mazzina

Name of Person

Firm/Company

110 Ridgewood Ave

Address

Clewiston, FL 33440

City/State and Zip Code

lfafsales@gmail.com

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

For further information concerning this matter, please call:

Michael Luke Mazzina

863

873-4064

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**

TIKI LIFE 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 6/25/2008 and assigned
Florida document number L08000062577

This amendment is submitted to amend the following:

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

MAZZINA APPAREL COMPANY LLC

The new name must be distinguishable and end with 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)

110 Ridgewood Ave

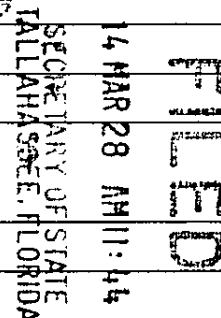
Clewiston, FL 33440

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

110 Ridgewood Ave

Clewiston, FL 33440



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

City, **Florida**

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 28 AM 11:44
FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 24, 2014

Michael Luke Mazzina

Signature of a member or authorized representative of a member

Michael Luke Mazzina

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 MAR 28 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA