

L090000043926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

wrong form

Office Use Only



000291449460

10/24/16--01042--017 \*\*52.50

11/16/16--01016--001 \*\*7.50

2016 NOV 15 A 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

NOV 16 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2016

JAMES FILS-AIME  
842 PARK  
LAKE PARK, FL 33403

SUBJECT: DESTINEE 1 STOP LLC  
Ref. Number: L09000043926

We have received your document for DESTINEE 1 STOP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 116A00022833

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Destinee 1 Stop 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:

James Fils-Aime  
Name of Person

Destinee 1 Stop Llc  
Firm/Company

842 Park Ave  
Address

Lake Park, FL 33403  
City/State and Zip Code

destinee1stop@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Fils-Aime at (561) 841-2801  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

DESTINEE 1 Stop 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 05/04/09 and assigned  
Florida document number L09000043926

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

N/A

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.*

N/A

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>
MBR	Jamescy C Fils-Aime	842 Park Ave	<input checked="" type="checkbox"/> Add
		Lake Park, FL 33403	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	James JR Fils-Aime	842 Park Ave	<input checked="" type="checkbox"/> Add
		Lake Park, FL 33403	<input type="checkbox"/> Remove
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(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)

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

James Fils-Aimé

Typed or printed name of signee

**Filing Fee: \$25.00**

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