

L09000098619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
15 MAY 25 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 31 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MISS RUBY'S ANTIQUES & COLLECTIBLES
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:

MADDALENA LATTARULO
Name of Person

MISS RUBY'S ANTIQUES & COLLECTIBLES
Firm/Company

119 N COLLINS ST
Address

PLANT CITY FL 33563
City/State and Zip Code

MISSRUBYSANTIQUES@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MADDALENA LATTARULO at (813) 965-6980 CELL
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



FLORIDA DEPARTMENT OF STATE MAY 25 AM 10:57
Division of Corporations

May 13, 2016

TALLAHASSEE, FLORIDA

MADDALENA LATTARULO
119 N COLLINS ST
PLANT CITY, FL 33563

SUBJECT: MISS RUBY'S ANTIQUES & COLLECTIBLES, LLC
Ref. Number: L09000098619

We have received your document for MISS RUBY'S ANTIQUES & COLLECTIBLES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 is missing.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 916A00010185

15 MAY 25 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MISS RUBY'S ANTIQUES + COLLECTIBLES, 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 10-13-2009 and assigned Florida document number 209000098619.

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:

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>
MGRM	KITSANA CAMPBELL	401 HUMMINGBIRD PL	<input type="checkbox"/> Add
		PLANT CITY FL 33565	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SEAL OF THE
STATE
MAY 15
AM 8:03
TALLAHASSEE, FLORIDA

[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)

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 May 2, 2016.

Maddalena Lattaro

Signature of a member or authorized representative of a member

MADDALENA LATTARULO

Typed or printed name of signee

SECRET
16 MAY 25 AM 8:03
TALLAHASSEE, FLORIDA