

L10000085366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

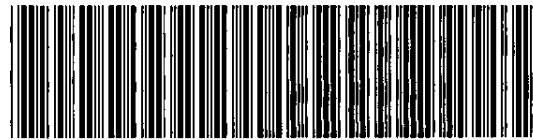
Special Instructions to Filing Officer:

A. LUNT

JAN 17 2011

EXAMINER

Office Use Only



800215359788

12/20/11--01004--015 **113.75

FILED
2012 JAN 3 PM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2011

ROSE LORETTO
11265 SW 116 TERR
MIAMI, FL 33176

SUBJECT: LOVE YOUR HATS LLC
Ref. Number: L10000085366

We have received your document for LOVE YOUR HATS LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 911A00028572

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Love Your Hats LLC
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rose Loretto

Contact Person

Love Your Hats

Firm/Company

11265 SW 116 Terr

Address

Miami, FL 33176

City, State and Zip Code

RLORETTOR@AOL.COM

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

For further information concerning this matter, please call:

Rosa Loretto

Name of Contact Person

at (786) 402-0013

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☒ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Love Your HATS 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:

Rose Loretto

Name of Person

Love Your HATS

Firm/Company

11265 SW 116 TERR

Address

Miami FL 33176

City/State and Zip Code

Rose.Loretto@SUNTRUST.com

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

For further information concerning this matter, please call:

Rose Loretto

Name of Person

at (786) 402-0013

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)

ch already sent \$113.75

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 3 PM 1:14

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LOVE YOUR HATS LLC

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

2012 JAN 3 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The Articles of Organization for this Limited Liability Company were filed on Aug 16, 2010
Florida document number L100000 85366

This amendment is submitted to amend the following:

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

LOVE YOUR HATS 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)

11265 SW 116 TERR

MIAMI, FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

ROSE LORETHO

New Registered Office Address:

11265 SW 116 TERR

Enter Florida street address

MIAMI

Florida

33176

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 608, 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.

Rose Loretho
If Changing Registered Agent, Signature of New Registered Agent

- If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CAROLYN BABBITT	9624 SW 74 ST MIAMI, FL 33173	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROSE LORETTO	11265 SW 116 TRL MIAMI, FL 33176 (ALREADY ON RECORD)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOSE HERNANDEZ	1280 W. 29 ST B21 MIAMI, FL 33012	<input checked="" 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

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

Dated December 30, 2011

Rose Loretto

Signature of a member or authorized representative of a member

ROSE LORETTO

Typed or printed name of signee

FILED

2012 JAN 3 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA