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(Re	equestor's Name))
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to WORS For	Filing Officer:	
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09/13/16--01026--016 **25.00



S Warren



September 14, 2016

EDLYNE GARCON 12510 NW 8 AVE MIAMI, FL 33168

SUBJECT: FUCHSIA SWIMWEAR LLC

Ref. Number: L11000085505

We have received your document for FUCHSIA SWIMWEAR 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):

The form you submitted is for a LIMITED PARTNERSHIP - LP, 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.

Letter Number: 516A00019679

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Division of Corporations

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

Please return all correspondence concerning this matter to the following:

Edlyne	Garcon	
	Name of Person	
		10 S 10
	Firm/Company	
12510 NW		
•	Address	,
Mian, F	33168	
, Ci	ity/State and Zip Code	
tuchs	ua. Swima yat	ias. cum
E-man address: (to be	used for luture annual report neutifican	non)
erning this matter, please call:		
		<u>- \</u>

For further information con-

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 Fcc. Certificate of Status & Certified Copy (additional cupy 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

tunsa DNIII		
(Name of the Limited Liability Comp (A Plorida Limited	iany as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number <u>45-2858158</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liafe	oility Company," เกีย designa	tion "LLC" of the abbreviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Putou nom unalling address is a suliaghly.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sir	cet address
-	City	, Florida
New Registered Agent's Signature, if changing Registered Agent	•	hp coue
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as heing filed to merely reflect a change in the registered office company has heen notified in writing of this change.	ree to act in this capace e performance of my d provided for in Chapt e address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is afirm that the limited liability. Resture of New Registered Appear
_	4 20	TATE DRIDE
Page	1 45 2	≂' · a

iviGR = ivianager

☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action Tracey Saintil Simeon Way as add □ Remove □ Change 🗖 Add 🕺 □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change bbA □ □ Romove ☐ Change _□ ∧dd □ Remove ☐ Change □ Add □ Remov¢

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Filing Fee: \$25.00