

L11000108881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

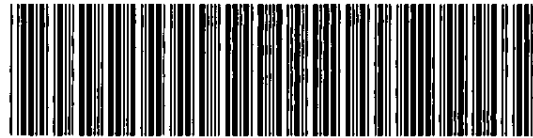
Special Instructions to Filing Officer:

L. SEILERS

DEC 14 2011

EXAMINER

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11 DEC 12 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luxury Apparel, 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:

Erick Magno

Name of Person

Erick Magno, P.L.

Firm/Company

1401 Brickell Avenue, Suite 520

Address

Miami, FL 33131

City/State and Zip Code

Emagno@magnolaw.com

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

For further information concerning this matter, please call:

Steve Rosenthal

Name of Person

at (786)

536-4653

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

Luxury Apparel, LLC

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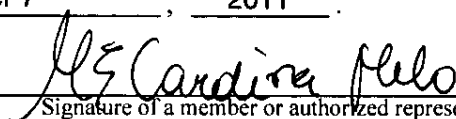
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	INTEGRA SOLUTIONS, LLC	2828 Coral Way, Suite 303 Coral Gables, FL 33145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARIA CAROLINA MELO	62 Bay Heights Drive Miami, FL 33133	<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
			<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 7, 2011



Signature of a member or authorized representative of a member

Maria Carolina Melo

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 12 AM 10:28

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