

L12000008906

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(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 AUG 20 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 21 2014

T. BROWN

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: ALBERTO TORRES Manufactures 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:

Alberto TORRES  
Name of Person

ALBERTO TORRES MANUFACTURES LLC  
Firm/Company

5823 HIDDEN OAKS Lane  
Address

NAPLES, FL 34119  
City/State and Zip Code

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

For further information concerning this matter, please call:

ALBERTO TORRES at (239) 571-0131  
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

August 19, 2014

Alberto Torres  
Creative Products of SW FL LLC  
5823 Hidden Oaks Lane  
Naples, FL 34119

SUBJECT: Creative Products of SW FL LLC (previously: Alberto Torres Manufacturing LLC).  
REF. NUMBER: L12000008906

Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

ATTN: TERESA BROWN

Dear Ms. Brown:

As per instructions in your letter dated August 13, 2014, attached please find the amended Articles of Amendment to Articles of Incorporation of my company, Creative Products of SW FL LLC (previously: Alberto Torres Manufacturing LLC).

If you have any questions, please feel free to contact me.

Regards,

Alberto Torres





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2014

ALBERTO TORRES  
ALBERTO TORRES MANUFACTURES LLC  
5823 HIDDEN OAKES LANE  
NAPLES, FL 34119

SUBJECT: ALBERTO TORRES MANUFACTURES LLC  
Ref. Number: L12000008906

We have received your document for ALBERTO TORRES MANUFACTURES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 814A00017412

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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

FILED  
14 AUG 20 PM 1:45  
RECORDS & CLERK  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/17/2012 and assigned

Florida document number L12000008906

This amendment is submitted to amend the following:

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

Creative Products of SW FL 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

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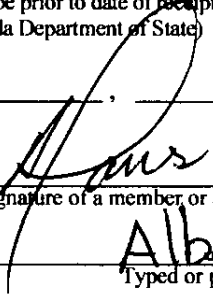
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alberto Torres  
\_\_\_\_\_  
Typed or printed name of signee