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L12000022910

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TALLAHASSEE, FLORIDA

13 MAR 11 PM 1:35

B. BOSTICK
MAR 12 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUNGLE JUMP INDOOR PARTY & PLAY CENTER (MIAMI FL) 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:

Isha Lewis

Name of Person

HOTT KISSED FASHION MIAMI LLC

Firm/Company

PO BOX 970916

Address

MIAMI FL 33197

City/State and Zip Code

HKFMIAMI@GMAIL.COM

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

For further information concerning this matter, please call:

ISHA LEWIS

Name of Person

786 942-7015

at ()

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

TALLAHASSEE, FLORIDA

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

JUNGLE JUMP INDOOR PARTY & PLAY CENTER (MIAMI FL) 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 02/16/2012 and assigned
Florida document number L12000022910.

This amendment is submitted to amend the following:

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

HOTT KISSED FASHION MIAMI 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)

18901 SW 106 AVE

SUITE# A-138

MIAMI FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 970916

MIAMI FL 33197

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:

ISHA LEWIS

New Registered Office Address:

18901 SW 106 AVE #A138

Enter Florida street address

MIAMI

Florida 33157

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.

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>
MGR	SYLVIA RILEY	3350 NE 13 CIR DR #103	<input checked="" type="checkbox"/> Add
		HOMESTEAD FL 33030	<input type="checkbox"/> Remove
MGR	TAMARA LEWIS	3350 NE 13 CIR DR #103	<input checked="" type="checkbox"/> Add
		HOMESTEAD FL 33030	<input type="checkbox"/> Remove
MGRM	RENEE STEPHEN	10210 BAHAMA DR	<input type="checkbox"/> Add
		CUTLER BAY FL 33192	<input checked="" type="checkbox"/> Remove
MGRM	ERICA ROAN	10953 SW 244 TERRACE	<input type="checkbox"/> Add
		HOMESTEAD FL 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated

3/6/13

Signature of a member or authorized representative of a member

ISHA Lewis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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