

L120000022910

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK
JUN 28 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Hott Kissed Fashion Miami 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

10953 sw 244 ter

Address

homestead fl 33032

City/State and Zip Code

ishalewis1@yahoo.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

at **(786) 942-7015**

Area Code & Daytime Telephone Number

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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

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

Hott Kissed Fashion Miami 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 2/16/12 and assigned
Florida document number ~~424364~~ L12000022910
L 120000 22910

This amendment is submitted to amend the following:

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

N/A

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)

10953 sw 244 ter
homestead fl 33032

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:

New Registered Office Address:

Isha Lewis
10953 SW 244 Ter
Homestead A 33032
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 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.

N/A
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	RILEY, SYLVIA	3350 NE 13 CIR DR. #103 HOMESTEAD FL 33030	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Tamara Lewis	3350 NE 13 CIR DR. #103 HOMESTEAD FL 33030	<input type="checkbox"/> Add
			<input checked="" 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

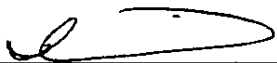
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TALLAHASSEE, FLORIDA

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

Dated JUNE 24, 2013.



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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