## L12000097227

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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SCORETARY OF STATE TALE AHASSEEFLORIDA

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2013

ALDO MORALES 990 BISCAYNE BLVD #503 MIAMI, FL 33132

SUBJECT: FASHION CLIMAXX LLC

Ref. Number: L12000097227

We have received your document for FASHION CLIMAXX 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 registered agent must sign accepting the designation.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 813A00017080

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## **COVER LETTER**

Division of Corporations		
SUBJECT: FASHION CLIMAXX 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:		
ALDO MORALES		
Name of Person		
FASHION CLIMAXX		
Firm/Company		
PLDO MORALES  Name of Person  FASHION CLIMAXX  Firm/Company  990 Bis cayne Blud #503  Address		
Address		
•		
City/State and Zip Code		
City/State and Zip Code  aldo @ Fashion climaxx. com  E-mail address: (to be used for future annual report notification)		
	For 8	3
For further information concerning this matter, please call:	Taken 1	
For further information concerning this matter, please call:  At Do At RACES  Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:	E KA BASS	
Name of Person Area Code & Daytime Telephone Number		
		The state of the s
Enclosed is a check for the following amount:	AND TAIL	
□ \$25.00 Filing Fee	اجر ig Fee,	
Certificate of Status Certified Copy Certificate	of Status &	
(additional copy is enclosed) Certified (additional copy is enclosed)	∟opy I copy is encl	losed)
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MAILING ADDRESS:

TO: Registration Section

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

A Maria

## ARTICLES OF AMENDMENT TO ' ARTICLES OF ORGANIZATION OF

VH5H10M	CLIMA	XXLLL			
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Li Florida document number L120000 9	ability Company v	were filed on $\frac{7/27}{2}$	1/12	and assig	gned
This amendment is submitted to amend the follow	owing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and end wit "L.L.C."  Enter new principal offices address, if applic (Principal office address MUST BE A STREE)		ed Liability Company,"  990 Bis  STE-#50  MIAMI, FC			breviation
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE		MIAM), PC	5 <i>5</i> 132	2018 AUG +5 PH	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered offi ffice address here	ice address on our	records, enter	STA T:	the new
Name of New Registered Agent:	MIRIAM	MERALE.  Ris Cayne BI  Enter F	ind 450	3	
New Registered Office Address:	170 13	Enter F	Florida street a	ddress	<del></del>
		City	,	Zip Code	<del></del>
N2 75 1 . 1					

New Registered Agent's Signature, if changing Registered Agent:

My Carlot

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 Charging Registered Agent, Situature 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>	Name	Address	Type of Action
MGR	MIRIAM MORACES	201755W157HAVE	Add
		201755W157HAVE MIMMI, FC 33187	Remove
			Add
			Remove
			Add
			Remove
		SECRETARY OF STATE	A Adda
		OF STATE	ED [
			Add
			Remove
			Add
<del>*************************************</del>			Remove
		?	<u>—</u>

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
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-	
-	
d .	7-2-13
	Aclo D.
	Signature of a member or authorized representative of a member
	4
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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