L13000005833

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:		istration Secti ision of Corpo						
cup in	car.	Cecilia's						
SUBJE	CI:		Name of Limite	ed Liability Company				
The enc	losed	Articles of Ar	mendment and fee(s) are subr	mitted for filing.				
Please re	eturn	all correspond	lence concerning this matter t	to the following:				
			Katelyn Stanis					
				Name of Person				
			Cecilia's					
Firm/Company								
	10475 Gandy Blvd N. UNIT 1310							
	Address							
St. Petersburg FL 33702								
City/State and Zip Code								
			E-mail address: (to	o be used for future annual report notificati	on)			
For furtl	her ir	nformation con	cerning this matter, please ca	all:				
Kately	n S	stanis		248 310-1137				
•	•	Name of P	erson	at ()Area Code & Daytime Te	lephone Number			
Enclose	d is a	check for the	following amount:					
\$25.	00 Fi	iling 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 MAR 12 AM 6:53

SECKETARY OF STATE TALLAHASSEE, FLORIDA

February 25, 2013

KATEKYN STANIS 10475 GANDY BLVD N UNIT 1310 ST PETERSBURG, FL 33702

SUBJECT: CECILIA'S LLC Ref. Number: L13000005833

We have received your document for CECILIA'S LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00004488

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

13 MAR 12 PM 12: 15

Zip Code

Cecilia's LLC		
(Name of the Limite	d Liability Com A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited I Florida document number <u>L1300000583</u>	Liability Compa	ny were filed on January 10, 2013 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited li	ability company here:
Kate and Cecilia LLC		
The new name must be distinguishable and end w "L.L.C."	ith the words "Li	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A Same Address
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	N/A Same Address
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		office address on our records, enter the name of the nevere:
	N/A	
New Registered Office Address:	19//3	Enter Florida street address
		, Florida

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.

City

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** N/A Remove Remove Remove Remove Remove

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• 	Mately	> Sta	TRE		
	Siona	ture of a member o	r authorized represer	tative of a member.	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAIL DIVISION OF CORPORATIONS