

L13000017416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

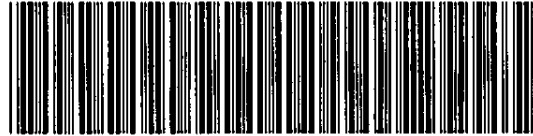
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORN Out TO Wow 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:

Tanya Abreu
Name of Person
Worn Out to Wow LLC
Firm/Company
520 NE 17th Street
Address
Boca Raton, FL 33462
City/State and Zip Code
tanyaabreu@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya Abreu at (561) 358-5230
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

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

Worn Out to Now LLC

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

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The Articles of Organization for this Limited Liability Company were filed on Feb 4, 2013 and assigned
Florida document number L13000017416

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)

N/A

Zip code correction 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

Zip Code Correction 33432

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:

N/A

Enter Florida street address

, Florida

City

33432

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>
--------------	-------------	----------------	-----------------------

MGRM	Adam Rau	520 NE 17 th St	☐ Add
		Boca Raton FL 33432	☒ Remove

MGRM	William Coates	520 NE 17 th St	☐ Add
		Boca Raton FL	☒ Remove
		33432	

MGRM	Julian Rau	520 NE 17 th St	☐ Add
		Boca Raton FL	☒ Remove
		33432	

MGRM	Jerry Carnation	520 NE 17 th St	☐ Add
		Boca Raton FL	☒ Remove
		33432	

			☐ Add
			☐ Remove

			☐ Add
			☐ Remove

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

zip code on address

33432

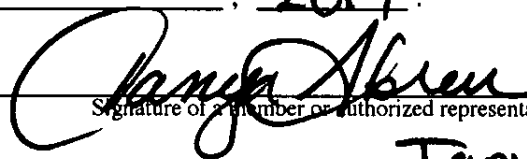
E. Effective date, if other than the date of filing: _____ (optional)

(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

4-4

2014



Signature of a member or authorized representative of a member

Tanya Abreu

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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