L13000094632

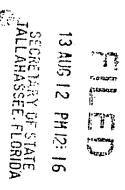
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PICK-UP WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stay Golden Swimwear & Fashions 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:
Barbara Torres Name of Person
Barbara Torres Name of Person Stay Golden Swimwear & Fashions LLC. Firm/Company
17188 CW 144 Place
Miami FL 33177 City/State and Zip Code
Staygolden Swimweg (@ gm/ii 1 · com Email address: (to be used for future shrual report notification)
For further information concerning this matter, please call:
Paybora Torres at (786) 543-0492 Fig. 55 Name of Person Area Code & Daytime Telephone Number Signature Telephone Number Signatur
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} (addi

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

Stay Golden Swimwear & (Name of the Limited Liability Company as	Fashions, LLC.		
` (<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records, ty Company)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>L1300094632</u> .	: filed on $\frac{7/2/20:3}{}$ a	nd assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
The new name must be distinguishable and end with the words "Limited L "L.L.C."	iability Company," the designation "LLC" (or the al	breviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	ALL	<u> </u>	
B. If amending the registered agent and/or registered office	address on our records, enter the in	ame	<u>the new</u>
registered agent and/or the new registered office address here:	ASS	~	generate Police
27 22 23 24 24	m≺ Me	-m	g George
Name of New Registered Agent:	I CO		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:	<u> </u>		-
	Enter Florida street address	9	
	, Florida		
Ci	ty Zij	p 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>	Name	Address	Type of Action
MGR	Barbara Torres	17188 Sw 144 Place	Add
		Mign. FC 33177	Remove
		R-E1	
			Add
			Remove
			
			Add
			Remove
			····
		ALC AB	Add
		LLAH	Remove
		HASSEE	N Program
·		E. FLORIDA	Add
		D _A	Remove
			Add
			Remove

, D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The business will only have one (MGR) Barbara torres
	Barbara Torres
	NO MORM Please remove
Dated	Aug. 71, 2013.
	1391 Q 2 x / 2/13
	Signature of a member or authorized representative of a member
	Joseph T. Liwit
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE ET DOID