

L13000176327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

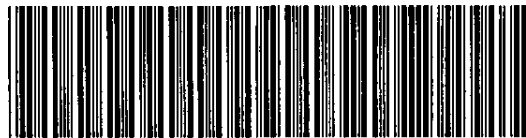
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 23 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2014

JACKIE K ZUMBA
173 2ND AVENUE NORTH
ST PETERSBURG, FL 33701

SUBJECT: JACKIE Z STYLE CO., ST. PETE. LLC
Ref. Number: L13000176327

*Heather -
Can you
see if this
was done?
Found this
today.*

We have received your document for JACKIE Z STYLE CO., ST. PETE. 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):

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 914A00023918

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RECEIVED
15 JAN 20 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACKIE Z STYLE CO., ST. PETE. 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:

JACKIE K ZUMBA

Name of Person

JACKIE Z STYLE CO., ST. PETE. LLC

Firm/Company

173 2ND AVENUE NORTH

Address

ST. PETERSBURG, FLORIDA 33701

City/State and Zip Code

JACKIE@JACKIEZSTYLE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE K. ZUMBA

at (941)

554-8335

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

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TALLAHASSEE, FLORIDA

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

JACKIE Z STYLE CO., ST. PETE. 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 12/23/2013 and assigned
Florida document number L13000176327

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 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

173 2ND AVENUE NORTH

ST. PETERSBURG, FLORIDA 33701

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:

JACKIE K. ZUMBA

New Registered Office Address:

173 2ND AVENUE NORTH

Enter Florida street address

ST. PETERSBURG

City

, Florida 33701

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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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	JACKIE ZUMBA	173 2ND AVENUE NORTH	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FLORIDA 33701	<input type="checkbox"/> Remove
MGRM	JACKIE ZUMBA	1464 MAIN STREET	<input type="checkbox"/> Add
		SARASOTA, FLORIDA 34236	<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
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			<input type="checkbox"/> Remove

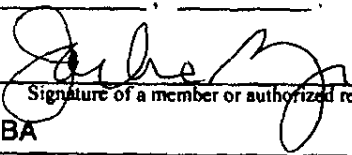
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 OCTOBER 28, 2014



Signature of a member or authorized representative of a member
JACKIE K. ZUMBA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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