

L14000006098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

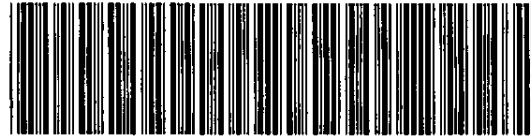
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JAN 24 11:11:57
TALLAHASSEE, FL 32310
STATE OF FLORIDA
SECRETARY OF STATE

JAN 29 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEARN 2 SEW ENTERPRISES 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:

Carolyn Bennett

Name of Person

Learn 2 Sew Enterprises LLC

Firm/Company

19821 N W 2nd Avenue #214

Address

Miami Garden, Florida 33169

City/State and Zip Code

teachcbd@yahoo.com

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

For further information concerning this matter, please call:

Carolyn Bennett

Name of Person

at **786**

Area Code

230-5738

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

LEARN 2 SEW ENTERPRISES 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 JANUARY 13, 2014 and assigned Florida document number L14000006098.

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)

19821 N W 2nd Avenue #214

Miami Gardens, Florida 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19821 N W 2nd Avenue #214

Miami Gardens, Florida 33169

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:

19821 N W 2nd Avenue #214

Enter Florida street address

Miami Gardens

Florida 33169

City

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

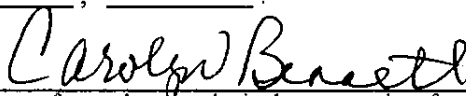
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carolyn Bennett	P.O. Box 551637	<input checked="" type="checkbox"/> Add
		19821 N W 2nd Avenue	<input checked="" type="checkbox"/> Remove
		Miami Garden, FL 33055	
AMBR	Audra Adeoye	P. O. Box 551637	<input checked="" type="checkbox"/> Add
		19821 NW 2nd Avenue	<input checked="" type="checkbox"/> Remove
		Miami Gardens, FL 33055	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 _____



Signature of a member or authorized representative of a member

Carolyn Bennett

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
TALLAHASSEE, FLORIDA

14 JAN 26 2011 58