

L14 0000 17691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

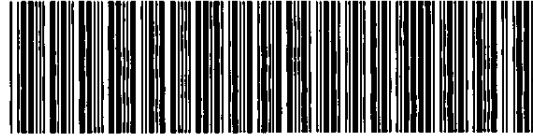
(Business Entity Name)

(Document Number)

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14 JUN 2014 10:06 AM
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DDFASHIONS, 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:

Anwar Raquib
Name of Person

DDFASHIONS, LLC
Firm/Company

157 Prestige Dr
Address

Royal Palm Beach, FL 33411
City/State and Zip Code

ddfashions1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anwar Raquib at (561) 512-9200
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

DD FASHIONS, LLC

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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>
AMBR	ANWAR RAQUIB	157 Prestige Dr	☐ Add
		Royal Palm Beach.	☒ Remove
		FL 33411	
MGR	ANWAR RAQUIB	157 Prestige Dr.	☒ Add
		Royal Palm Beach	☐ Remove
		FL 33411	
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
			☐ Remove

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 4 JUN 95 BY SP10C/S

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 6/3/14, _____.

Rehana Raquib

Signature of a member or authorized representative of a member

REHANA RAQUIB

Typed or printed name of signee

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Filing Fee: \$25.00

14 JUN - 6 AM '14
TALLAHASSEE, FLORIDA