# L14000018799

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



100293479511

01/23/17--01034--015 \*\*25.00

JAN 25 2017 S. YOUR(C SECRETARY OF STATE TALLAHASSEE, FLORID,

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2017

JAMES R CASTLE 7460 SW 7TH STREET PLANTATION, FL 33317

SUBJECT: HAUTE YACHT WEAR LLC

Ref. Number: L14000018799

We have received your document for HAUTE YACHT WEAR LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 517A00000578

17 JAN 23 PH 1: 25

# **COVER LETTER**

| TO: Registration Section Division of Corporations   |          |          |
|---|----------|----------|
| SUBJECT: HAUTE YAGHT WEAR 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:  |          |          |
| JAMES CASTLE Name of Person   |          |          |
| Firm/Company  | <b></b>  | 700<br>1 |
| PLANTATION Address  | 7 JAN 23 | CRETA    |
| PLAWTATION FL 33317.  City/State and Zip Code  TIMCHSTLE 102 D GMAIL. COM.  E-mail address: (to be used for future annual report notification)  | PM 1: 25 | FE FLORI |
| For further information concerning this matter, please call:  | (C)      |          |
| Thmus Castile at (954) 663 8802  Name of Person Area Code Daytime Telephone Number  |          |          |
| Enclosed is a check for the following amount:   |          |          |
| \$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$\times \text{S60.00 Filing Fee, 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**

| HAUTE YAGHT NEW   | AR LLC.  |
|---|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L   | ny as it now appears on our records.) Liability Company)         |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 14000 18799</u> .  | were filed on 02 03 2014. and assigned                           |
| 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Chter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the flew egistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:   |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | JAMES CASTLE   |
| (Principal office address MUST BE A STREET ADDRESS)   | MEOGWAILST.  |
|   | PLANTATION FL 33317 PS   |
|   | JA   |
| Enter new mailing address, if applicable:   | 2 2  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   |  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  | fice address on our records, enter the name of the flev          |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
|   | Enter Florida street address                                     |
|   |  |
|   | 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 or removed | Authorized Person(s) authorized t from our records: | o manage, enter the title, name, and | d address of each person being added             |
| MGR = M $AMBR = A$     | anager<br>uthorized Member                          |                                      |  |
| <u>Title</u>           | <u>Name</u>   | Address                              | Type of Action                                   |
| MGR                    | JAMES CASER<br>0:5W7HSt.<br>NTATION, FL 33317:      |                                      | <b>&amp;</b> \sum_\text{\infty}\text{\text{Ad8}} |
| 746                    | 0.5W7KSt.   |                                      | Remove   |
| PLA                    | NTATION, FL 33317                                   |                                      | Kellove  |
| . 1                    | _   |                                      | □ Change   |
| MGK                    | CAROL CASTLE  |                                      | Add  |
| PI                     | CAROL CASTLE HO SW7H St. LANTATION, FL 33317        |                                      | Remove   |
|                        |   |                                      | Change   |
|                        |   |                                      | SEC SEC  |
|                        |   |                                      | JAN SS   |
|                        |   |                                      |  |
|                        |   |                                      | CRIDA<br>ORDA                                    |
|                        |   |                                      | Remove   |
|                        |   | <u> </u>                             | Change   |
|                        |   |                                      | Add  |
|                        |   |                                      | Remove   |
|                        |   |                                      | Change   |
|                        |   |                                      |  |
|                        |   |                                      | ПРоточа  |

\_□ Change

| 77 JAN 23 PM 1: 25  |         |   |                  |        |
|---|---------|---|------------------|--------|
|   | _       |   |                  |        |
|   |         |   |                  |        |
|   |         |   |                  |        |
|   | _       |   |                  |        |
|   | -       |   |                  |        |
|   | _       |   |                  |        |
|   | _       |   |                  |        |
|   |         |   |                  |        |
|   | -       |   |                  |        |
|   | -       |   |                  | 70     |
|   | -       |   | <u>;</u>         | IL.    |
|   | _       |   | <u> </u>         | i      |
|   |         |   | 23               | G<br>U |
|   |         |   | T.               | i.     |
| <u>්</u>  | -       |   |                  | Ċ      |
|   | _       |   | <u>i</u>         | 7      |
|   | _       |   |                  |        |
|   |         |   |                  |        |
|   |         |   |                  |        |
|   | Note:   | If the date inserted in this block does not meet the applicable statutory filing requirements, this dat |                  |        |
| an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as  | docum   | nt's effective date on the Department of State's records.   |                  |        |
|   | e rec   | ord specifies a delayed effective date, but not an effective time, at 12:01 a m                         | on the earlies   | r of   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  | The     | 90th day after the record is filed.   | . Of the earlier | 1 01.  |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as  |         | 1 1 1 a   |                  |        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. |         | 01/16/2017  |                  |        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. | Dated . |   |                  |        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of   | Dated . | tradica de Ha   |                  |        |

Page 3 of 3

Filing Fee: \$25.00