

L14000026747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

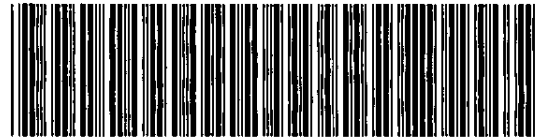
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Bush JUN -6 2014

COVER LETTER

TQ: Registration Section
Division of Corporations

SUBJECT: CitieFellow 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:

Jose Pareja Sr

Name of Person

CitieFellow LLC

Firm/Company

1944 NW 99th Circle

Address

Pembroke Pines FL, 33024

City/State and Zip Code

citiefellow@aol.com

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

For further information concerning this matter, please call:

Jose Pareja Sr

Name of Person

at

954 309-4279

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2014

JOSE PAREJA SR
1944 NW 99TH CIRCLE
PEMBROKE PINES, FL 33024

SUBJECT: CITIEFELLOW LLC
Ref. Number: L14000026747

We have received your document for CITIEFELLOW LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The effective date must be specific and cannot be prior to the date of filing.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 414A00011360

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

CitieFellow 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 02/17/2014 and assigned
Florida document number L14000026747.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14 JUL -6 PM 1:15	FILED
SECRETARY OF STATE	FILED
TALLAHASSEE, FLORIDA	FILED

Enter 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____

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>
MG	Jacqueline Pareja	1944 NW 99th Circle	<input type="checkbox"/> Add
		Pembroke pines fl 33024	<input checked="" type="checkbox"/> Remove
P	Jose Pareja	1944 NW 99th Circle	<input checked="" type="checkbox"/> Add
		Pembroke Pines FI 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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 06/02, 2014

Signature of a member or authorized representative of a member
JOSE PAREJA Sr
Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

FILED
14 JUN -6 PM 4:15
CLERK OF STATE
TALLAHASSEE, FLORIDA