

L14000042877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

Katariina Rosenblatt, LLC

SUBJECT: \_\_\_\_\_  
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:

Katariina Rosenblatt

\_\_\_\_\_  
Name of Person

Katariina Rosenblatt, LLC

\_\_\_\_\_  
Firm/Company

7512 Dr. Phillips Blvd. #50655

\_\_\_\_\_  
Address

Orlando, Fla. 32819

\_\_\_\_\_  
City/State and Zip Code

kat@StolenOnes.com

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

For further information concerning this matter, please call:

Katariina Rosenblatt

786

2716031

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Katariina Rosenblatt, 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 3/24/14 and assigned  
Florida document number L14000042873

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Stolen Ones, LLC

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)

7512 Dr. Phillips Blvd. #50655

Orlando, Fla. 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7512 Dr. Phillips Blvd. #50655

Orlando, Fla. 32819

**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:

Katariina Rosenblatt

New Registered Office Address:

7512 Dr. Phillips Blvd. #50655

*Enter Florida street address*

Orlando

Florida

*City*

32819

*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

Attestation of 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	Katariina Rosenblatt	7512 Dr. Phillips Blvd. #50655	<input checked="" type="checkbox"/> Add
		Orlando, Fla. 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF THE BOARD  
14 SEP - 3 AM 11:35  
DATE: 9/3/05

Name to: Stolen Ones, LLC

Add. to : 7512 Dr. Phillips Blvd. #50655 Orlando, Fla. 32819

Registered Agent's New Add: Katariina Rosenblatt 7512 Dr. Phillips Blvd.

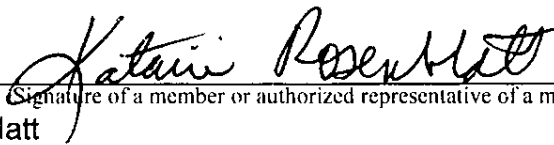
#50655 Orlando, Fla. 32819

**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)

August 28, 2014

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Katariina Rosenblatt

Typed or printed name of signee

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Filing Fee: \$25.00

14 SEP -3 AM 10:35  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA