

L14000082584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

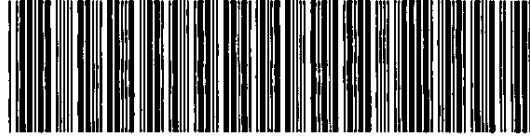
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 07 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STREET STYLE FASHION 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:

Sandra C. Leon-Schmid

Name of Person

STREET STYLE FASHION LLC

Firm/Company

9036 SW 36th Manor

Address

Miramar, Florida 33025

City/State and Zip Code

ssfruck@gmail.com

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

For further information concerning this matter, please call:

Sandra C Leon-Schmid

402

708-9433

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2016

SANDRA C LEON-SCHMID
9036 SW 36TH MANOR
MIRAMAR, FL 33025

SUBJECT: STREET STYLE FASHION LLC.
Ref. Number: L14000082584

We have received your document for STREET STYLE FASHION LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 416A00013366

2016 JUL -6 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL -6 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

STREET STYLE FASHION 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 05/21/2014 and assigned
Florida document number L14000082584.

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)

9036 SW 36th Manor

Miramar, Florida 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(same as above)

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:

Sandra C. Leon-Schmid

New Registered Office Address:

9036 SW 36th Manor

Enter Florida street address

Miramar

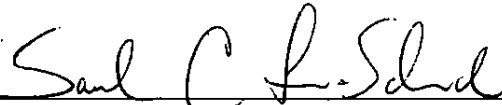
Florida 33025

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Sandra C. Leon-Schmid	9036 SW 36th Manor	<input checked="" type="checkbox"/> Add
		Miramar, Florida 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Luz Adriana Carmona	18011 Biscayne Blvd	<input type="checkbox"/> Add
		#1505 Twr 1 South	<input type="checkbox"/> Remove
		Aventura, Florida 33160	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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10 JUL 10 PM 4:06
SECURITY STATE
TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 14, 2016

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA