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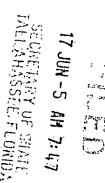
(Re	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	Tailor LLC				
Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Bonnie Lewis				
		Name of Person			
	Bonnie B Tailor LLC				
		Firm/Company			
	29 E Harvard St.				
		Address			
	Orlando, FL 32804				
		City/State and Zip Code			
	bonnieannlewis@gmail.com	n to be used for future annual report notif	ication)		
For further information	concerning this matter, please ca		ioutoni		
Brian Lewis		407 923-6176 at ()			
Name	of Person	Area Code Daytime	e 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 enclose		

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

Bonnie B Tailor LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Florida document number L14000099417.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Common Sewing LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	S)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mutuing uturess MAI BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the n
Name of New Registered Agent:		355 S
New Registered Office Address:		
	Enter Florida street address	1
	, Florida	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 = M $AMBR = A$	GR = Manager IBR = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
·			
			□ Add
	•		Remove
			Change
			Add
			□ Remove
			☐ Change
		-	□ Add
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			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

	Signa	iture of a member of author	orized representative of	a member		
	Bonnie	Lewing		·		
ated .	June 2	2017	·			
	cord specifies a delayed effor 90th day after the record i		t an effective tin	ne, at 12:01 a	m. on the	earlier of
	•			:	>> '	
ote:	If the date inserted in this block duent's effective date on the Departi	oes not meet the applic	able statutory filing i	requirements, this	date will not	Foe listed as
fecti	ive date, if other than the date ective date is listed, the date must be sp	of filing:	to date of filing as more	(optio	nalifi	A 605 0207
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Filing Fee: \$25.00