

L14000101245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

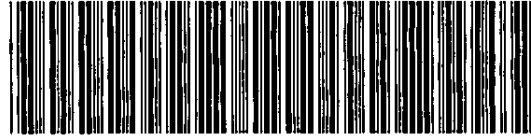
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

not signed

Office Use Only



400277345384

09/25/15--01026--021 \*\*60.00

2015 OCT -9 A 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 12 2015

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2015

YVETTE PHILLIPS  
6368 MILKWAGON LANE  
MIAMI LAKES, FL 33014

SUBJECT: SHAPESIQUE "L.L.C."  
Ref. Number: L14000101245

We have received your document for SHAPESIQUE "L.L.C." 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.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 015A00020486

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SHAPESIQUE

\_\_\_\_\_  
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:

YVETTE PHILLIPS

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

SHAPESIQUE

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

6368 MILKWAGON LANE

\_\_\_\_\_  
Address

MIAMI LAKES FL 33014

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

PHILLIPSYLP@AOL.COM

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

For further information concerning this matter, please call:

YVETTE PHILLIPS

at ( 786 )  
Area Code

202-4501

\_\_\_\_\_  
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

# Shapesique

---

DATE: 09/02/2015

FROM:

SHAPESIQUE  
P.O. BOX 825241  
PEMBROKE PINES, FL 33082

TO:

Certification Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

I am requesting a Certified Copy that certifies the Articles of Organization OF Florida Limited Liability Company SHAPESIQUE "L.L.C." Document Number L1400010124 to give the bank *to remove and add on Title. Plus certificate status.*

Enclosed is the ~~\$60.00~~ <sup>60</sup> for Certificate. *Filing Fee, Certificate of status, certified copy.*

Thank You

Yvette Phillips

Street Address  
Address 2  
City, ST ZIP Code

E-mail address  
Phone number  
Fax or URL

---

ARTICLES OF ORGANIZATION  
OF

SHAPESTIQUE

(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 06/24/2014 and assigned  
Florida document number L14000101245.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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 603, 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:

FILED  
2015 OCT - 9  
A 11:18  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	YVETTE PHILLIPS	6368 MILKWAGON LANE	<input checked="" type="checkbox"/> Add
		MIAMI LAKES FL, 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YVETTE PHILLIPS	6368 MILKWAGON LANE	<input type="checkbox"/> Add
		MIAMI LAKES, FL, 33014	<input checked="" type="checkbox"/> Remove
		6368 MilkWagon Lane	<input checked="" type="checkbox"/> Change Remove
CEO	Yvette Phillips	Miami lakes, FL, 33014	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 OCT 29 18:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED  
 Add  
 Remove  
 Change

2. 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)

(If 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 (3)(b)

**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.

**if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

Dated SEPT 9

2015

Signature of a member or authorized representative of a member

YVETTE PHILLIPS

Typed or printed name of signer

Page 3 of 3

**Filing Fee: \$25.00**

2015 OCT -9 A 11: 18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ALTMAN, SSEE, FLORIDA

四