

L14 000 118230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

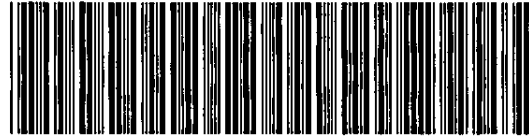
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2014

MARLENE KALAYJIAN
503 N HUBERT AVE UNIT 4
TAMPA, FL 33609

SUBJECT: BON RIBBON LLC
Ref. Number: L14000118230

We have received your document for BON RIBBON LLC and your check(s) totaling \$55.00. 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.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00017380

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bon Ribbon Accessories 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:

Marlene Kalagjian
Name of Person

Bon Ribbon Accessories LLC
Firm/Company

503 W. Hubert Ave. Unit #4
Address

Tampa, FL 33609
City/State and Zip Code

bonmarlene@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Girard at (813) 489 0570
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

Bon Ribbon U.S.

Bon Ribbon accessories LLC

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changing the name from
Ben Ribbort to Ben Ribbon Accessories LLC

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 9/8/2014, _____.

Marlene Kalayjian
Signature of a member or authorized representative of a member
Marlene Kalayjian
Typed or printed name of signer

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Filing Fee: \$25.00

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