

12/3/2014

09:38

Tel: 1-506-76-33 Fax: 1-614-65-33

L14000125788

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGACY TAX, INC.
Account Number : I20120000069
Phone : (561) 683-3000
Fax Number : (561) 965-0938

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: legacytaxcorps@gmail.com

RECEIVED

14 DEC -3 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ISLAND HOME FABRICS & INTERIORS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISLAND HOME FABRICS & INTERIORS 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:

ARNALDO J COUCELO

Name of Person

LEGACY TAX INC

Firm/Company

1818 SO AUSTRALIAN AVE, #202

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

LEGACYTAXCORPS@GMAIL.COM

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

For further information concerning this matter, please call:

ARNALDO J COUCELO

at (**561**) **683-3000**

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

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12/3/2014 09:38
850-617-6381

TO:18506176383 FROM:5619650938

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12/2/2014 3:26:14 PM PAGE 1/001 Fax Server



December 2, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGACY TAX

SUBJECT: ISLAND HOME FABRICS & INTERIORS LLC
REF: L14000125788

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The wrong filing form was submitted.

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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H14000274569
Letter Number: 514A00025270

RECEIVED
14 DEC -3 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

H140002745693
2014 DEC 3 AM 9:53

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ISLAND HOME FABRICS & INTERIORS 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 08/11/2014 and assigned
Florida document number L14000125788.

This amendment is submitted to amend the following:

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

PALM BEACH DESIGNER FABRICS BOUTIQUE 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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 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

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If amending the 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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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12/3/2014 09:38 TO:18506176383 FROM:5619650938

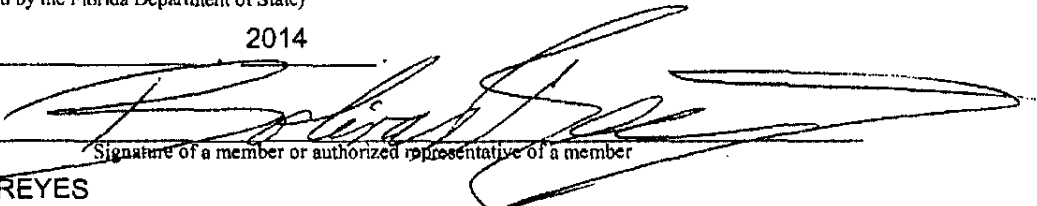
Page: 7

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

E. Effective date, if other than the date of filing: 12/03/2014 (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 12/03 2014


Signature of a member or authorized representative of a member
BOLIVAR REYES
Typed or printed name of signee

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Filing Fee: \$25.00

FILED
2014 DEC -3 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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