# 114000141149

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: NAMS CLOTHING 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:
PHILIP NAMIECH Name of Person
NAMS CLOTHING Firm/Company
8858 HAWTHORNE AVE
SURFIDE FL 33154  City/State and Zip Code  epn 30569 mail-10M
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dhilip Namiech at (786) 271 72 77  Name of Person at (786) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  \$25.00 Filing Fee & Certificate of Status  \$55.00 Filing Fee & Certificate of Status  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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

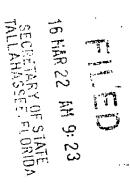


# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2016

PHILIP NAMIECH 8858 HAWTHORNE AVE SURFSIDE, FL 33154

SUBJECT: NAMS CLOTHING, LLC Ref. Number: L14000141149



We have received your document for NAMS CLOTHING, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is P99000006314.

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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: 716A00001841

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Com	HING LLC	ords.)
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	<del></del> ,
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on SEPT	10,7014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
LATAM CONSULTING 36	0 11 (.	
The new name must be distinguishable and end with the words "Limited L		LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S 16
(Principal office address MUST BE A STREET ADDRESS)		59 3 m
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		THO E IT
Enter new mailing address, if applicable:		mo in the
(Mailing address MAY BE A POST OFFICE BOX)		TATE 23.
		<u>о</u> н <b>э</b>
B. If amending the registered agent and/or registered		rds, enter the name of the new
registered agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	dress
		Florida
	City	Zip Code
Now Desistand Agent's Signature if shanging Desistand Agen		

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 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:

T:41 a	Name (	4.11	T
<u>Title</u>	<u>Name</u>	Address	Type of Action
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If amending any other information	a, enter change(s) here: (Attach a	additional sheets, if necessary.
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For all day of about the sale day	4£ Gi:	(a-tio-al)
Effective date, if other than the dat (The effective date must be specific, cannot be the date this document is filed by the Florida	e prior to date of receipt or filed date and c	(optional) annot be more than 90 days after
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Filing Fee: \$25.00

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