

L14000151648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

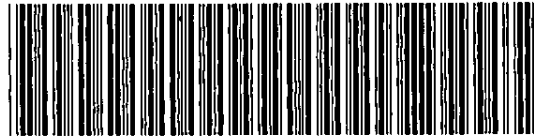
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/14--01005--020 **25.00

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2014 DEC 11 P 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 16 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Milk n' Boobs

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:

Luanda C Hart-Rodriguez

Name of Person

Milk n' Boobs

Firm/Company

6550 SW 8th Street

Address

Pembroke Pines, FL 33023

City/State and Zip Code

Luandahart@gmail.com

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

For further information concerning this matter, please call:

Luanda Hart-Rodriguez

Name of Person

at (954)

Area Code

822-3674

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

SECRETARY OF STATE
TALLAHASSEE, FL 90584

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Previously sent

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Milk n' Boobs

(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 9/29/2014 and assigned Florida document number L14000151648.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City

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 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>
AMBR	Luanda Celest Hart-Rodriguez	6550 SW 8th St Pembroke Pines FL 33023	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2014 DEC 11 P 4:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

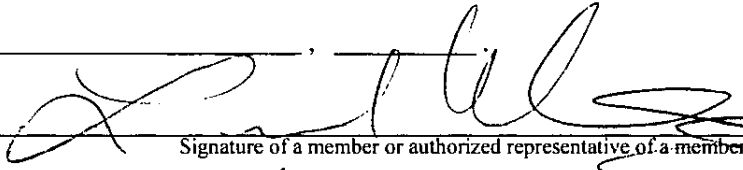
FILED

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: _____ (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 _____



Signature of a member or authorized representative of a member
Luanda Celeste Hart

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2014

LUANDA C. HART-RODRIGUEZ
6550 SW 8TH STREET
PEMBROKE PINES, FL 33023

SUBJECT: MILK N BOOBS LLC
Ref. Number: L14000151648

2014 DEC 11 P 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for MILK N BOOBS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

The attached form must be completed in order to file the document.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 214A00022148



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2014

LUANDA C. HART-RODRIGUEZ
6550 SW 8TH STREET
PEMBROKE PINES, FL 33023

SUBJECT: MILK N BOOBS LLC
Ref. Number: L14000151648

2014 DEC 11 P 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for MILK N BOOBS 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):

You failed to make the correction(s) requested in our previous letter.

The attached form must be completed in order to file the document.

Page 1 of 3 is missing

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 214A00023159