# L14000 18a431

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(Address)				
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE DIVISION OF SORPORATIONS

DEC 16 2014 J. HARRIS

# ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61<sup>ST</sup> STREET COMMERCE, CA 90040

TEL: (800) 462-5487 ext.133 FAX: (800) 388-0330 EMAIL: ttran@attorneyscorpservice.com

### DOCUMENT FILING REQUEST LETTER

### REGULAR / EXPEDITE FILING SERVICE

DATE: 12/3/14

FROM: TENG TRAN

Client Matter: #

TO: DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

**CLIFTON BUILDING** 

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: Dirty Paki Lingerie LLC

Enclosed is one of the following: (1) Articles of Amendment

Return request with filing: (1) Plain Copy

Return request via following: (X) Priority Mail/Email

Total Page(s) attached including transmittal page: ( )

\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\*

# \*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO: ATTORNEYS CORPORATION SERVICE, INC.\*\* 5668 E. 61st STREET COMMERCE, CA 90040

\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\*

NOTE(S):

### **COVER LETTER**

Division of Corpo			
SUBJECT: Dirty F	Paki Lingerie l	LC	
SUBJECT:		ted Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	TENG TRAN	1	
	•	Name of Person	· · · ·
	ROCKET LA	WYER	
		Firm/Company	
	5668 E. 61S	T STREET	
		Address	<del></del>
	COMMERCE	E, CA 90040	
		City/State and Zip Code	<del></del>
	E-mail address: (t/	o be used for future annual report notific	ation)
For further information con	ncerning this matter, please ca	II:	
Teng Tran		at (800) 462-54	87 x133
Name of F	'erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dirty Paki Lingerie LLC		
( <u>Name of the Limited Liat</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L14000182631</u>	Company were filed on 11/26/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
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:		VIS SEV
(Principal office address MUST BE A STREET AD	DRESS)	
		PH 3:
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		ONE ONE
B. If amending the registered agent and/or registered agent and/or the new registered office a		the name of the new
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 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>	Name	Address	Type of Action
MGR	IMAN ZAWAHRY	3544 NW 88TH TERRACE	_ ■ Add
		GAINESVILLE, FL 3260	6_□ Remove
MGR	AIZZAH FATIMA	1175 YORK AVENUE APT 4	
		NEW YORK, NY 10065	☐ Remove
AMBR	IMAN ZAWAHRY	3544 NW 88TH TERRACE	 = □ Add
		GAINESVILLE, FL 32606	Remove
AMBR	AIZZAH FATIMA	1175 YORK AVENUE APT 4K	
		NEW YORK, NY 10065	Remove
			 Add
			SECRETAR DIVISION OF C PROPERTIES
			* /* " [ "
			ORPORATIONS

If amending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after of State)
Dated December, 3rd	2014
Signature of a me	ember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00