

U4000195265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 04 2015  
S. YOUNG

Florida Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

July 29, 2015


To Whom It May Concern,

We like to request the change of name from NJ Baran LLC to Mystique Moda LLC per attached completed form. *and \$25 check/fee.*

Our mailing address is

Mystique Moda  
c/o Source2B  
450 N Park Rd 403  
Hollywood, FL 33328

We can be reached at 305 394 9596



Oliver Baran

FILED  
15 JUL -3 PM 4:05  
TALLAHASSEE, FL  
CLERK OF COURT

TO  
ARTICLES OF ORGANIZATION  
OF

NJ BARAN 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 12/26/2014 and assigned  
Florida document number L14000195265

This amendment is submitted to amend the following:

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

mystique moda LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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**)

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

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

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

JULY 28 2015

Signature of a member or authorized representative of a member

OLIVER R BARAN

Typed or printed name of signee

FILED  
15 AUG -3 PM 4:05  
SECRETARY OF STATE  
TREASURY