U50004417

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		<u> </u>

Office Use Only





900281801409

02/22/16--01035--011 **25.00

FILED

2016 HAR -4 P 4: 57

MAR 07 2016 BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2016

DANELYS CAMACHO P.O. BOX 940224 MIAMI, FL 33194

SUBJECT: 19024 SW 319 STREET, LLC

Ref. Number: L15000004617

We have received your document for 19024 SW 319 STREET, 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 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.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P15000060120.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 916A00003737

COVER LETTER

Division of Corporations						
	/ 319 STREET, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	DANELYS CAMACHO					
		Name of Person		-		
	19024 SW 319 STREET, I	LLC				
	Name of Person 19024 SW 319 STREET, LLC Firm/Company P.O BOX 940224 Address MIAMI, FL 33194 City/State and Zip Code		ĭ.	2016		
	P.O BOX 940224				16 MAR	
		Address			70 -	
	MIAMI, FL 33194				PH	·:
		er : :	ት: 04	•		
	danelys1985@yahoo.com			APPLY TO		
For further information	E-mail address: (concerning this matter, please ca	to be used for future annual report notifi all:	cation)	SECR FALLA	ONE WAR	71
DANELYS CAMACH	О	786 786-623-7575	i	(A 20	À .	一同
Name Enclosed is a check for	of Person the following amount:		Telephone Number	OC STA	- D II: 57	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		

MAILING ADDRESS:

TO:

Registration Section

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

ny as it now appears on our records.) Liability Company)
were filed on 01/08/2015 and assigned
ility company here:
ASHION LLC
ity Company," the designation "LLC" or the abbreviation "L.L.C."
405 W 29 ST
HIALEAH, FL 33012
P.O BOX 940224
MIAMI, FL 33194
fice address on our records, enter the name of the
-t.
SECR
Enter Florida street address
City Zip Code
Logar #:
ee to act in this capacity. I further a ree to comply with performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:							
MGR = Manager AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			☐ Add				
			□ Remove				
			☐ Change				
			Add				
			□ Remove				
			Change				
							
			□ Remove				
			☐ Change				
			□ Remove				
			A SECRETIVE AND A SS				
			ASSEE FOR Remove TO FOR STATE OF PARANGE				
			□ Add				
			□ Remove				

_ Change

			· •						
					· ,				
					······································				
- ,,, , , , , , , , , , , , , , 									
				·		 			
				· - ·					
			··						
		. <u> </u>							
						 			
									rlier of
							-		
		·					<u> </u>		
 									
ffective date, if other than an effective date is listed, the date listed. If the date inserted in the ocument's effective date on the	must be speci is block doe	ific and car s not meet	mot be prior t the applica		or more than		filing.) Pursua		
e record specifies a dela The 90th day after the			e, but not	: an effecti	ve time, a	t 12:01 a	.m. on the	earlie	er c
ated			616	_··			SECR	2016 M	
	Sionatu	re of a mb	her or author	rized represent	ative of a me	mber	HASE SE	MARIT	
	Oiginaa		A O. 1111101	represent	ante or a ric		- : ジス: m-<	Ė	
		`		САМАСНО			س سر زیران	ס	

Page 3 of 3

Filing Fee: \$25.00

"Letter Of explanation and permission"

3/2/2016

To whom it may concern:

I, Danelys Camacho Registered Agent of <u>STEPHANIE G'S FASHION</u>

INCORPORATED Document Number: <u>P15000060120</u> address 405 W 29 ST

HIALEAH, FL 33012. Hereby request and authorized for the amended name change & address update of <u>19024 SW 319 STREET, L.L.C</u> Document Number: <u>L15000004617</u>

to <u>STEPHANIE G'S FASHION L.L.C</u>, please make the change as I authorize it under my authority in such entities, which they both belong to my, if you have any further question please don't hesitate to contact me at 786-623-7575.

* Please apply the payment of \$25.00 you currently hold from me towards this fee. *

Thank you.

SECRETARY OF STATE

ALLAHASSEE, FLORIO

Danelys Camacho

Register Agent