

#L15000102501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

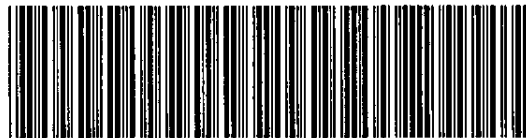
(Business Entity Name)

(Document Number)

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2015 JUN 18 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 19 2015

COVER LETTER

TO: **Registration Section
Division of Corporations**

Couture

SUBJECT:

Contadora Couture Design

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:

Jason E Robinson

Name of Person

Contadora Couture Design

Firm/Company

430 NW 6th Ave

Address

Boynton Beach FL 33435

City/State and Zip Code

Designman100@yahoo.com

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

For further information concerning this matter, please call:

Jason E Robinson

Name of Person

at (561)

Area Code

251-1435

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 JUN 18 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTADORA COUTURE DESIGN "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 6/11/15 and assigned

Florida document number 800273946938
L15000102501

This amendment is submitted to amend the following:

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

(Same Name) Contadora Couture Design "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)

Jason E Robinson
430 NW 6th Ave
Boynton Beach FL 33435

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

SAME

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 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>	<u>Address</u>	<u>Type of Action</u>
Pres	Jason E Robinson	430 NW 6 th Ave	<input checked="" type="checkbox"/> Add
		Boynton Beach Fl 33435	<input type="checkbox"/> Remove
		430 NW 6 th Ave	<input type="checkbox"/> Change
V Pres.	Howard I Price II	Boynton Beach Fl 33435	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Under Authorize Persons
I was under the impression that ~~he~~ was
persons other than myself. Jason E Robinson,

NOW I have added myself (first)
then Howard Price II (second)
and Keeping Cheryl Hillman (third)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: 6-5-15 (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

June 15, 2015

Jason E Robinson

Signature of a member or authorized representative of a member

Jason E Robinson

Typed or printed name of signee