

L15000116758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

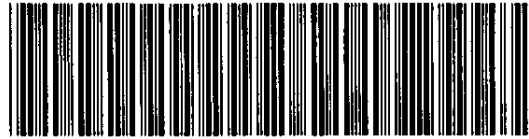
(Business Entity Name)

(Document Number)

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2016 NOV 17 P 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 18 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2016

YVONNE OLIVENCIA
PO BOX 622521
ORLANDO, FL 32862-2521

SUBJECT: VONNA'S CREATIONS LIMITED LIABILITY COMPANY
Ref. Number: L15000116758

RECEIVED
2016 NOV 17 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for VONNA'S CREATIONS LIMITED LIABILITY COMPANY and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 816A00024191

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vonna's Creations, LLC

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:

Yvonne Olivencia

Name of Person

Vonna's Creations, LLC

Firm/Company

PO Box 622521

Address

Orlando FL 32862-2521

City/State and Zip Code

yvonne@professionalaccountinggroupllc.com

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

For further information concerning this matter, please call:

Yvonne Olivencia

407

207-5509

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

Vonna's Creations, 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 07/13/2015 and assigned
Florida document number L15000116758.

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 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)

PO Box 622521

Orlando FL 32862-2521

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:**

Professional Accounting Group, LLC

New Registered Office Address:

5798 S Semoran Blvd Suite 123

Enter Florida street address

Orlando

, Florida 32822

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>
AMBR	D&Y Family Trust	PO Box 622521	<input checked="" type="checkbox"/> Add
		Orlando FL 32862-2521	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yvonne Olivencia	5738 S Semoran Blvd	<input type="checkbox"/> Add
		Orlando FL 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

2018 NOV 17 P 12: 5-
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TALLAHASSEE, FLORIDA

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2018 NOV 17 P 12:55
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TALLAHASSEE, FLORIDA

(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.

Dated Sept 01, 2016

Signature of a member or authorized representative of a member

Yvonne M Olivencia
Typed or printed name of signee