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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FEB 10 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TO Change MGB to Awelewa Woodard
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:

Awelewa Woodard
Name of Person

Cute And Curvey fashions
Firm/Company

139 Sparrow Dr. #2E
Address

Royal Palm Beach FL 33411
City/State and Zip Code

CuteFashions496@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Awelewa Woodard at (561) 951-5040
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

CUTE And Curvey4 Fashions LLC

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

Title	Name	Address	Type of Action
MGR	Awelewa Woodward	139 Sparrow Dr. #2E	<input checked="" type="checkbox"/> Add
		Royal Palm Beach FL	<input type="checkbox"/> Remove
		33411	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		Daphne C Young	<input checked="" type="checkbox"/> Remove
		3161 NW 43rd Place	<input type="checkbox"/> Change
		Fort Lauderdale FL	<input type="checkbox"/> Add
		3309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 Feb 8, 2016.

Awelewa Woodard

Signature of a member or authorized representative of a member

Awelewa Woodard

Typed or printed name of signee

2016 FEB -9 PM12:17
STATE OF FLORIDA
DEPARTMENT OF STATE

FILED