1600016860

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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12/15/17--01006--023 **25.00



B FIGUEROA DEC 2 2 2017



Division of Corporations

December 18, 2017

TANESHA TOMLINSON 1128 N 16TH CT APT 3 HOLLYWOOD, FL 33020

SUBJECT: VIRGIN DOLLS LLC Ref. Number: L16000016860

We have received your document for VIRGIN DOLLS 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 317A00025546

COVER LETTER

TO:	Registration Section Division of Corporations	2017 1 v i 1
SUBJ	IECT: VIGIN Dulls	2017 BEC 22
	Name of Limited Liability Company	
The e	nelosed Articles of Amendment and fee(s) are submitted for filing.	C.3. 11 HV
Please	e return all correspondence concerning this matter to the following:	. 0
	Janesha Junionson	
	Name of Person	-
	Virgin Dills CC.C FilmeCompany	
	FirmeCompany	
	2001 Hullywood Blad. Smite 21	 -
	Hullywood 733020	
	Hullywood FC33022 City/State and Zip Code Humlinson 30 Q mail.um E-mail address: (to be used ou future annual report notification)	-
	E-mail address: (to be use Lor future annual report notification)	

For further information concerning this matter, please call:

854-602 V 951 Nm Daytime Telephone Number Name of Person Area Code

Enclosed is a check for the following amount:

1 \$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

(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 <u>12516</u> Florida document number <u>LIGODDIGOUE</u> .	_ and assigned
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 "LLC."

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 OF<u>F</u>ICE BOX)

1451	ω	GIDress	Creek
Suite	30	Gypress S	
			C133309

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	Cin	. Florida

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 are familier with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Figure this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the familier ability company has been notified in writing of this change.

If Changing Registered Agent, <u>Signature of NewsRegister&DAgent</u>

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: <u>12/19/2017</u> (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)
<u>Note:</u> 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 December 19th 2017	- 1 8 -		
Montinsm			
Signature of a member or authorized representative of a member	MASSIE	qec 22	
Typed or printed name of signee	CUNDER STATES	P# 3:57	ίđ
Page 3 of 3			

Filing Fee: \$25.00