

216000041421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

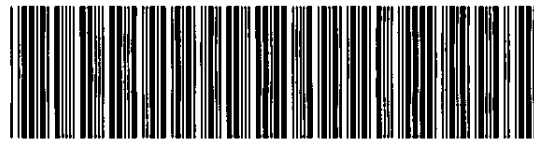
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500291003985

12/08/16--01002--001 \*\*25.00

FILED  
16 DEC -5 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
DEC 7 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2016

REBECCA WHITED  
3650 KLEBBA LANE  
MIAMI, FL 33133

SUBJECT: DESIGN TO YOU LLC  
Ref. Number: L16000041421

RECEIVED  
2016 DEC -5 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for DESIGN TO YOU LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 416A00024951

FILED  
16 DEC -5 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Design To You 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:

Rebecca Whited

Name of Person

Design To You LLC

Firm/Company

3650 Klebba Lane

Address

Miami, FL 33133

City/State and Zip Code

rebecca@designtoyou.com

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

For further information concerning this matter, please call:

Rebecca Whited

Name of Person

at (646)

Area Code

319-1183

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

FILED  
16 DEC -5 PM 4:42  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Design To You, LLC

Page 1 of 3

FILED  
DEC - 5 PM 1: 42  
16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Zip Code  
agree to comply with

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>
MGR	Karli Zwade	300 Granello Ave	<input type="checkbox"/> Add
		Apt. 552	<input checked="" type="checkbox"/> Remove
		Miami, FL 33146-194	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
DEC - 5 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

11/14, 2016

Signature of a member of authorized

Signature of a member or authorized representative of a member

Rebecca Whited

Typed or printed name of signee

FILED  
16 DEC -5 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA