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SECRETARY OF STATE

JUL 05 2016 S. YOUNKS



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2016

MARIA VASQUEZ 8547 NW 186TH STREET #107 HIALEAH, FL 33015

SUBJECT: ONE THREAD FABRICATIONS LLC

Ref. Number: L16000062232

We have received your document for ONE THREAD FABRICATIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 116A00011602

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SECRETARY OF STATE
TAILLAHASSEE, FLORIDA

www.sunbiz.org

COVER LETTER

Registration Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: ONE THRE	EAD FABRICATIONS,LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARIA VASQUEZ			
		Name of Person		
	ONE THREAD FABRICA	TIONS,LLC		
Firm/Company				
	8547 NW 186TH STREET # 107			SEC SEC
		Address		ALLAHASSEE, FLOKION 16 MAY 27 PM 2: 19
	HIALEAH, FL 33015			27 27
		City/State and Zip Code		PH 2: 19
	MARIA@ONETHREADF	ABRICATIONS.COM to be used for future annual report notific	cation)	7. G
· For further information of	concerning this matter, please co			9
MARIA VASQUEZ		786 715-9477		_
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 Description Certificate of Certified Cope (additional copy)	Status &
	ING ADDRESS: ration Section	STREET/COURIE Registration Section		

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE THREAD FABRICATIONS,L			
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Lia	ability Company	were filed on 03-31-2016	and assigned
Florida document number L16000062232	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "LLs.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		MARIA VASQUEZ	5 F.G.
		8547 NW 186TH STRE	شب المنافي والم
		HIALEAH, FL 33015	27 88
			P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MARIA VASQUEZ	29]]
		8547 NW 186TH STRE	ET#107 9
		HIALEAH, FL 33015	
B. If amending the registered agent and/or the new registered off			ecords, <u>enter the name of the n</u>
Name of New Registered Agent:	MARIA VASQUEZ		
New Registered Office Address:	8547 NW 1867	TH STREET #107	
		Enter Florida street	t address .
	HIALEAH		, Florida 33015
		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:

	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
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ote: If the date inse	ed, the date must be spe rted in this block do	cific and cannot be prior es not meet the appli ent of State's records	cable statutory filin	ore than 90 days aft	tional) ter filing.) Pursu his date will no	ant to 605.0207 ot be listed as
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,	Signati	ire of a member or auti	norized representative	of a member		
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Filing Fee: \$25.00