### L16000066679

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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JUL 2 2 2016 S. YOUNG SECRETY RY OF STATE TALLAHASSEE, FLORIDS

### **COVER LETTER**

TO: Registration Section Division of Corpor		`
SUBJECT:	ADY BOMBOM LLC	
	Name of Limited Liability Company	
	endment and fee(s) are submitted for filing.  nce concerning this matter to the following:	
-	Isabel Herrera Name of Person	
	Name of Colors	
-	Firm/Company	
	100 Edgewater Drive #138	
	Address	SE
	Coral Gables, FL 33133  City/State and Zip Code	THE PARTY
		2 888
_	E-mail address: (to be used for future annual report notification)	P. F. F.
For further information conce	erning this matter, please call:	1 : STATE
Tsabel He Name of Per	at (786) 395-9492 Son Area Code Daytime Telephone Number	5 EH
Enclosed is a check for the fo	illowing amount:	
<b>≱</b> \$25.00 Filing Fee □ □	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status	

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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 04/04/2016 and assigned
Florida document number <u>L160000144679</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
IsabelHerrera U.C	· · ·
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1021 SW 44 Street - 34
(Principal office address MUST BE A STREET ADDRESS)	Miani, FL 33165 & 5
Enter new mailing address, if applicable:	10621 SW 44 Street 3 50
(Mailing address MAY BE A POST OFFICE BOX)	Miani, A 33165 = 3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our records, enter the name of the new
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
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			Change
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an effective date is one: If the date	f other than the date of s listed, the date must be spe inserted in this block do- tive date on the Departm	ecific and cannot be priores not meet the application	cable statutory filing	ore than 90 days aft	t <b>ional)</b> er filing.) Pursuant to is date will not be l	605.0207 (3)(b) listed as the
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Page 3 of 3

Filing Fee: \$25.00

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





## Detail by Entity Name

Florida Limited Liability Company

LADY BOMBOM, LLC

Filing Information

L16000066679 **Document Number** 

FEI/EIN Number

Date Filed

assapie-18 anon

04/04/2016

ACTIVE

Principal Address

Status State

100 EDGEWATER DRIVE

CORAL GABLES, FL 33133

Mailing Address

100 EDGEWATER DRIVE

Registered Agent Name & Address

CORAL GABLES, FL 33133

HERRERA, ISABEL C 100 EDGEWATER DRIVE

CORAL GABLES, FL 33133

**Authorized Person(s) Detail** 

Name & Address

16 JUL 21 PM 1: 34