

L16000081011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 20 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POSH DOLLS GLAM 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:

NEPHATARI P. FORD

Name of Person

POSH DOLLS GLAM LLC

Firm/Company

10360 SW 186 STREET #970847

Address

MIAMI FL 33197

City/State and Zip Code

NPATRICEFORD@GMAIL.COM

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

For further information concerning this matter, please call:

NEPHATARI P. FORD

786

328-7750

at (_____) _____

Name of Person

Area Code

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2016

NEPHATARI P FORD
10360 SW 186 STREET #970847
MIAMI, FL 33197

SUBJECT: POSH DOLLS GLAM LLC
Ref. Number: L16000081011

2016 JUL 18 PM 4:11

We have received your document for POSH DOLLS GLAM 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):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 616A00010263

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

POSH DOLLS GLAM LLC

(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 4/25/2016 and assigned
Florida document number L16000081011.

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 "L.L.C."

Enter new principal offices address, if applicable:

10360 SW 186 STREET #970847

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33197

Enter new mailing address, if applicable:

10360 SW 186 STREET #970847

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33197

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

Name of New Registered Agent:

New Registered Office Address:

10360 SW 186 STREET #970847

Enter Florida street address

MIAMI

Florida 33197

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NEPHATARI P. FORD	10360 SW 186 STREET #970847	<input checked="" type="checkbox"/> Add
		MIAMI FL 33197	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

16 JUL 18 AM 10:58
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

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

16 JUL '18 AM
FALLMASHBEE

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 MAY 5TH, 2016

Signature _____

Signature of a member or authorized representative of a member

NEPHATARI P. FORD

Typed or printed name of signee