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SEP 20 2016
S. YOUNG

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TALLAHASSEE, FLORIDA
16 SEP 19 PM 4: 08

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diana's Posh Fashion Closet 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:

Diana Calderon & Joshua Normandia

Name of Person

Diana's Posh Fashion Closet LLC

Firm/Company

1254 Wakefield RD SE

Address

Palm Bay, FL 32909

City/State and Zip Code

calderon1166@gmail.com

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

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For further information concerning this matter, please call:

Diana Calderon at (321) 961-6271
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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	Joshua J Normandia	1091 Walden BLVD SE	<input type="checkbox"/> Add
		Palm Bay FL 32909	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Diana M Calderon	1254 Wakefield RD SE	<input type="checkbox"/> Add
		Palm Bay FL 32909	<input type="checkbox"/> Remove
			<input checked="" 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

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 10 SEP 10 PM 3:09

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

The name of one of the managers was misspelled when the documents were first filed. The spelling of the name must be changed from Diand to Diana.

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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 _____, _____.



Signature of a member or authorized representative of a member

Diana Calderon

Typed or printed name of signee