

LI6000151687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

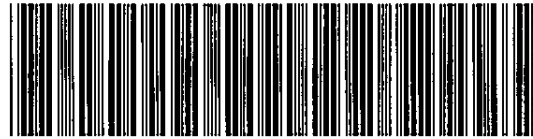
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN -6 A 10:15

FILED

D. BRUCE
JAN 09 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2016

JANET V HAYDEN
16701 E DURAN BLVD
LOXAHATCHEE, FL 33470

SUBJECT: CAPLETS & MORE LLC
Ref. Number: L16000151687

RECEIVED
2017 JAN -6 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CAPLETS & MORE 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):

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 316A00026295

FILED
2017 JAN -6 A 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Capelets & more 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:

Janet V. Hayden

Name of Person

Capelets & more LLC

Firm/Company

16701 E. Duran Blvd.

Address

Loxahatchee, Florida 33470

City/State and Zip Code

capeletsandmore@aol.com

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

For further information concerning this matter, please call:

Janet V Hayden

Name of Person

at (561)

Area Code

846-1857

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

2017 JAN -6 A 10:16
TALLAHASSEE
SECRETARY OF STATE

FILED

check # 2057
12/5/2016

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

Capelets & more 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 8/12/2016 and assigned
Florida document number 116000151687

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Capelets & more LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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.

N/A

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>
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 JAN 10 10:10
FILED

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

N/A

FILED
2017 JAN -6 A 10:16
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

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

December 31, 2016

Janet V. Hayden

Signature of a member or authorized representative of a member

Janet V. Hayden

Typed or printed name of signee