# 116000194348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Correction To Documen D PER Conversation with Kinberly Weston 12/8/2016 KS





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11/21/16--01005--016 \*\*25.00

FILED
2016 DEC -5 PM 1: 16
SECRETARY OF STATE

K. SALY DEC -8 2016



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2016

1868 HOLDINGS LLC KIMBERLY WESTON 701 S MANGONIA CIR. W PALM BEACH, FL 33401

SUBJECT: 1868 HOLDINGS LLC Ref. Number: L16000194348 2016 DEC - S AN II: I

We have received your document for 1868 HOLDINGS LLC and your eneck(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INCORPORATED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P98000014765 "1868 CORPORATION".

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.

Karen A Saly Regulatory Specialist II

Letter Number: 316A00025042

## **COVER LETTER**

Division of Co	orporations			
SUBJECT:	1868 Holdings Name of Lim	LL C. ited Liability Company	(name change	HE REGUES
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Kımberli	Name of Person		
	186 8	Firm/Company	<u>c</u>	
		MANGONIA CIPC/E		
	WPB, F	TORIDA 33401		
	E-mail address: (	City/State and Zip Code  1. may/12 130 may / 10 to be used for future annual report notif	ication)	
For further information	concerning this matter, please ca	all:		
KINT DER /Y Name	ules fon of Person	at (56/) 5 (6/) Area Code Daytime	285 // 92 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:

TO:

**Registration Section** 

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

ARTICLES OF O	
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records LAHASSEE, 5 JAIL
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $10/20/16$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name o	
Enter new principal offices address, if applicable:	SARE
(Principal office address MUST BE A STREET ADDRESS)	West Palu Esach, H_ 33401
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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		WPB FT 33401	□ Remove
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Page 3 of 3

Filing Fee: \$25.00