

L16000198682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

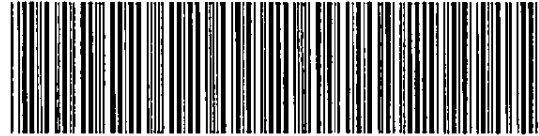
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200303913442

10/02/17--01014--001 **30.00

FILED

2017 OCT 26 P 14 42

FILED

OCT 2 2017

October 17, 2017

Registration Section

Division of Corporations

P.O Box 6327

Tallahassee, FL 32314

Attention: Bionne Pijeaue


Dear Bionne,

Per our conversation, I am sending you support documentation showing that we were the owners of the company Les Ayades LLC (document number L17000144613). Attached are the SS-4 form(EIN assignment), articles of incorporation, and dissolution verification for Les Ayades. Also attached is the amendment I submitted to use the name Les Ayades LLC for another entity we have called Wear Your Dreams LLC (document number L16000198682).

Please update your records on sunbiz to change the name of Wear Your Dreams LLC to Les Ayades LLC as soon as possible.

If you need to discuss this further please give me a call at 305-670-7645.

Kind Regards,


Jeffrey S Boerner

2017 OCT 23 PM 4:12
TALLAHASSEE, FLORIDA

FILED
2017 OCT 26 PM 4:42
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wear Your Dreams 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:

Jeffrey S Boerner

Name of Person

Les Ayades LLC

Firm/Company

8950 SW 74th CT, Suite 1704

Address

Miami, FL 33156

City/State and Zip Code

jeff@ctcorpoffice.com

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

For further information concerning this matter, please call:

Jeffrey S Boerner

305 670-7645
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

FILED

2011 OCT 26 PM 4:42

FILED

Wear Your Dreams LLC

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <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 |
| _____ | _____ | _____ | <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 |

RECEIVED

2017 01 24

FILED

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

add: 82-2064086

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 6005 (b)(2) (3)(b) Note: If the date inserted in this check does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date in 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
(a) The date specified, or
(b) The 90th day after the record is filed.

Date: *March 26* , 2017

[Signature]

Letter: Schenck

Typed or printed name: Schenck