## 116000198682

(Reques	stor's Name)	
(Addres	s)	
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(City/Sta	ate/Zip/Phon	e #)
PICK-UP	TIAW	MAIL
(Busine	ss Entity Na	me)
(Docum	ent Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Filin	g Officer:	
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October 17, 2017

**Registration Section** 

**Division of Corporations** 

P.O Box 6327

Tallahassee, FL 32314

Attention: Bionne Pijeaua

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

## **COVER LETTER**

Division of Co					
Wear Your SUBJECT:	Dreams LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	-			
	Jeffrey S Boemer				
		Name of Person			
	Les Ayades LLC		iki Aliksi	2517 CCT 26	•===
		Firm/Company		133	
	8950 SW 74th CT, Suite I	704	(n) (n) (n)		
		Address		T =	, , ,
	Miami, Fl. 33156			# 42	
	jeff@ctcorpoffice.com	City/State and Zip Code	``•	:0	
	· · · · · · · · · · · · · · · · · · ·	to be used for future annual report notifica	Hion)		
For further information of	concerning this matter, please c	all:			
Jeffrey S Boerner		305 670-7645			
Name o	of Person	Area Code Daytime T	elephone Number	_	
Enclosed is a check for t	he 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 For Certificate of \$ Certified Copy (additional copy is	Status &	
Regist	ING ADDRESS: ration Section	STREET/COURIER Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wear Your Dreams LLC				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our recollisity Company)	ords.)		
The Articles of Organization for this Limited Liability Compan	y were filed on 10/27/2016		and as	signed
lorida document number 1.16000198682				
This amendment is submitted to amend the following:				
x. If amending name, enter the new name of the limited lia	bility company here:			
les Ayades LLC				
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "I	A.C" or the abb	reviation "I	L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	5.7 5.7	
		. >	<u> </u>	
		<i></i>	լ շե	1
inter new mailing address, if applicable:		11.2 Mari	<u>د</u>	
Mailing address MAY BE A POST OFFICE BOX)				(7)
many marcs, mar pentrost of field bong		<u></u>	<del></del>	
		•	(-7)	
<ol> <li>If amending the registered agent and/or registered egistered agent and/or the new registered office address he</li> </ol>		ords, <u>enter t</u>	<u>he name</u>	of the
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street add	dress		
	·	Florida		
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. It amending any other information, enter change(s) h	ere: Attach additional	dieas it net ess	ary i	
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C. Pffective date, if other than the date of filing:		(optiona		
Of creative sections shifted that may be specificated cannot be pro- <u>Nator</u> . It this date inserted in this creek does not receive approach mentils affect a last on the Department of State's receive	Gladila Statement School Statement			207 i પૈકે i as the
Fine record specifies a delayed effective date, but i b). The 90th day after the record is filed.	not an effective time.	. at 12-01 a.m	i do (ne eacher	of.
David Charabase DL 2017				
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Pettin S Boerner	ford Time To a gray	<del></del> -		

Page 3 of 3 Filing Fee: \$25.00