

L16000217657

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000009965 3)))



H170000099653ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SERVICIOS COMUNITARIOS LATINOS INC
Account Number : 120080000080
Phone : (305) 642-1090
Fax Number : (305) 642-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: yt@organcollins.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OC CONCEPT STORE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2017 JAN 11 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN 11 AM 10:12

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

JAN 12 2017

(H1700000 99653)
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OC CONCEPT STORE 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:

ORIANNE COLLINS

Name of Person

MGR

Firm/Company

4218 NE 2ND AVENUE

Address

MIAMI, FL. 33137

City/State and Zip Code

yt@orriannecollins.com

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

For further information concerning this matter, please call:

ORIANNE COLLINS

305 450-0734
at ()

Name of Person

Area Code

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

(H1700000 99653)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OC CONCEPT STORE 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 11/30/2016 and assigned
Florida document number L16000217657

This amendment is submitted to amend the following:

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

OC CONCEPT STORE MIAMI, 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.

If Changing Registered Agent, Signature of New Registered Agent

(H17000099653)

C H 1 7 0 0 0 0 0 7 7 0 0 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>
	N/A		<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 JAN 11 AM 10:12
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

C H 1 7 0 0 0 0 0 9 9 6 5 3)

CH170000099653)

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

N/A

E. Effective date, if other than the date of filing:

11/29/2016

(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:
(a) The 90th day after the record is filed.

Dated

05/10/2017

Signature of a member or authorized representative of a business

ORIANNE COLLINS

(Print or typed name of filer)

Page 3 of 3

FILED
2017 JAN 11 AM 12
CLERK OF STATE
TALLAHASSEE, FLORIDA

CH170000099653)