

# L16000228003

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12/27/16--01007--020 \*\*25.00

**EFFECTIVE DATE**  
1/1/2017

2016 DEC 27 P 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

S Warren

DEC 28 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RANDA'S FASHION, 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:

NADIA A ELGABRY

\_\_\_\_\_  
Name of Person

RANDA'S FASHION, LLC

\_\_\_\_\_  
Firm/Company

2221 UNIVERSITY SQUARE MALL

\_\_\_\_\_  
Address

TAMPA, FL 33612

\_\_\_\_\_  
City/State and Zip Code

taxact99@yahoo.com

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

For further information concerning this matter, please call:

NADIA A ELGABRY

813

585-4111

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

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

RANDA'S FASHION, 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 12/19/2016 and assigned  
Florida document number L16000228003.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE  
TREASURY  
FLORIDA

**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: NADIA A ELGABRY

New Registered Office Address: 2450 E. HILLSBOROUGH AVE. APT. 803  
*Enter Florida street address*

TAMPA, Florida 33610  
*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NADIA A ELGABRY	2450 E. HILLSBOROUGH AVE.	<input checked="" type="checkbox"/> Add
		APT. 803	<input type="checkbox"/> Remove
		TAMPA, FL 33610	<input type="checkbox"/> Change
AMBR	RANDA ELGABRY	2450 E. HILLSBOROUGH AVE.	<input type="checkbox"/> Add
		APT. 803	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33610	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2019 DEC 27 P 1:55  
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TREASURY OF FLORIDA

[illegible]

(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)

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.

Nachulga bns  
Signature of a member or authorized representative of a member

Typed or printed name of signee

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2018 DEC 27 P 1:55  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA