

**L17000088498**

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/08/17--01024--010 \*\*25.00

17 MAY - 2 PM 2017  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

MAY 10 2017

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JEM FAB FASHIONS 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:

YLONDRA SOTO

Name of Person

JEM FAB FASHIONS LLC

Firm/Company

11318 PASEO GRANDE BLVD #5904

Address

FORT MYERS, FL 33912

City/State and Zip Code

JEMFABFASHIONS@gmail.com

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

For further information concerning this matter, please call:

YLONDRA SOTO

Name of Person

at ( 239 )

Area Code

628-7722

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

JEM FAB FASHIONS 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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

N/A

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)**

N/A

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

YLONDRA SOTO CEO

New Registered Office Address:

YLONDRA 11318 PASEO GRANDE BLVD  
Enter Florida street address 45904

FORT MYERS

City

Florida

33912

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.*

YLONDRA SOTO

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>
MGR	YLONDRA SOTO	11318 PASEO GRANDE BLVD #5904 FORT MYERS, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		33912	<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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-17-2011 BY 60322  
UCBAW/STP/STP

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

BLANK

17 MAY - 8 AM 2017  
ALABAMA SECRETARY OF STATE

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 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:

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

Dated 5/2/17 . . .

Ylondra Soto

Signature of a member or authorized representative of a member

YLONDRA SOTO

Typed or printed name of signee