

L7000108901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

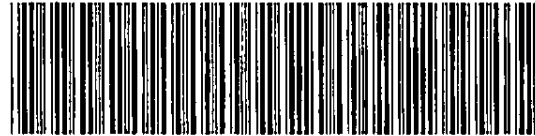
(Business Entity Name)

(Document Number)

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

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17 AUG 14 AM 8:57

DIVISION OF CORPORATIONS

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AUG 17 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2017

JESSICA CUMMINGS  
219 S OLIVE AVE  
WEST PALM BCH, FL 33401

SUBJECT: PALM BEACH BACK ON THE RACK CONSIGNMENT LLC  
Ref. Number: L17000108901

RECEIVED  
2017 AUG 14 PM 3:15  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

We have received your document for PALM BEACH BACK ON THE RACK CONSIGNMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 517A00012023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Palm Beach Back on the Rack Consignment  
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Cummings  
Name of Person

Palm Beach Back-On The Rack  
Firm/Company

219 South Olive Avenue  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

Jessica.Cummings777@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Cummings at ( 305 ) 318-10537  
Name of Person Area Code 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**

(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:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

**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:

New Registered Office Address:

Enter Florida street address

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nicole Reed	390 Apache lane Boca	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jessica Cummings	340 Almenia Road	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANJENI RAMTHAIAH	730 KANUGA DR.	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL	<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

17 AUG 14 AM 8:57  
DIVISION OF RECREATION

FILED

47 AUG 14 1954  
DIVISION OF CRYPTANALYSIS

17 AUG 14 AM 8:58  
DIVISION OF CORPORATIONS

**FILED**

(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)

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

Dated

Signature of a member or authorized representative of a member

Jessica A. Cummings

Typed or printed name of signee