

# L17000153789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

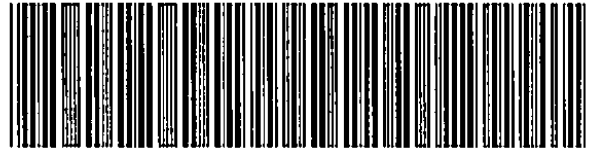
(Business Entity Name)

(Document Number)

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2018 MAR -8 A 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 OCT 23 AM 8:19

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2017

BARBARA B YUFFER  
301 NW 159 ST  
MIAMI, FL 33169

SUBJECT: FLORIDA ADAPTIVE WEAR LLC  
Ref. Number: L17000153789

We have received your document for FLORIDA ADAPTIVE WEAR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 517A00021545

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA ADAPTIVE WEAR  
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:

BARBARA B. YUFFE R.  
Name of Person

FLORIDA ADAPTIVE WEAR.  
Firm/Company

301 NW 159 STREET. MIAMI FL  
Address

MIAMI FLORIDA 33169  
City/State and Zip Code

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

For further information concerning this matter, please call:

BARBARA B. YUFFE R. at ( 954 ) 430 2294  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input 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

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TALLAHASSEE, FL

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

FLORIDA ADAPTIVE WEAR 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 July 18 2017 and assigned  
Florida document number L17000153789

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:

N/A.

New Registered Office Address:

N/A.

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.*

N/A.

**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>
<u>MGR</u>	<u>MARIA VIRGINIA NAVARRO</u>	<u>17 FARMSTEAD ROAD</u>	<input type="checkbox"/> Add
		<u>NORTH YORK, ON</u>	<input type="checkbox"/> Remove
		<u>M2L241 CA</u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>MARIA VIRGINIA NAVARRO</u>	<u>17 FARMSTEAD ROAD</u>	<input checked="" type="checkbox"/> Add
		<u>NORTH YORK, ON M2L241 CA</u>	<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"/> Change

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

BARBARA B. YOFFE WILL REMAIN AS (MGR) AND  
MARIA VIRGINIA NAVARRO WILL BE CHANGED TO (AMBR) =  
AUTHORIZED MEMBER.

E. Effective date, if other than the date of filing: N/A (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 3/05/2018

Signature of a member or authorized representative of a member

BARBARA B. YOFFE R.

Typed or printed name of signer

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