

L17000160217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

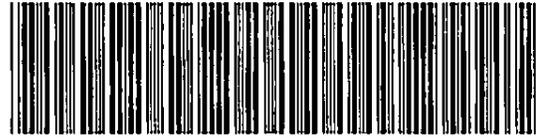
(Business Entity Name)

(Document Number)

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2018 JAN 29 P 11:35

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D. SCOTT  
JAN 30 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2018

PATRICIA MARIN  
620 LUISA CT UNIT 3  
NAPLES, FL 34104

SUBJECT: ROSIE'S ALTERATIONS LLC  
Ref. Number: L17000160217

We have received your document for ROSIE'S ALTERATIONS LLC and your check(s) totaling \$43.75. 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 Pijoux  
Regulatory Specialist

Letter Number: 718A00000633

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JAN 29 2018

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# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROSIE'S ALTERNATIONS 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:

PATRICIA MARIN  
Name of Person

ACCOUNTING SERVICES PM CORP  
Firm/Company

620 LUISA CT UNIT 3  
Address

NAPLES, FL 34104  
City/State and Zip Code

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

2019 JAN 29 PM 4:36  
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATRICIA MARIN at (786) 312-3764  
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**

ROSIE'S ALTERATIONS 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 08/01/2017 and assigned Florida document number L17000160217.

This amendment is submitted to amend the following:

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

ROBERSON'S ALTERATIONS & TAILOR 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:

1000 INMOKALEE RD STE 82

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34110

Enter new mailing address, if applicable:

1000 IMMOKALEE RD STE 82

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34110

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2018 JAN 29 P 4:38  
CLERK OF CIRCUIT COURT  
FLORIDA  
NAPLES

**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>
VP	JONATHAN ROBERSON	1000 IMMOKALEE RD SUITE 1	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34110	<input type="checkbox"/> Remove
			<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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 200 JAN 29  
 TALLAHASSEE FLORIDA  
 DEPARTMENT OF REVENUE

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

Multiple horizontal lines for amending information.

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2018 JAN 29 P 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 JANUARY 02 2018

*Elba Rocio Roberson*

Signature of a member or authorized representative of a member

ELBA R ROBERSON

Typed or printed name of signee