

L17000222829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800305181978

11/02/17--01021--017 \*\*25.00

17 NOV 14 PM 4:24  
CLERK

FILED

CLERK

NOV 15 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2017

LISA ZAHORIAN  
28089 VANDERBILT DR  
STE 201  
BONITA SPRINGS, FL 34134

SUBJECT: IPS FOOTWEAR HAITI, LLC  
Ref. Number: L17000222829

We have received your document for IPS FOOTWEAR HAITI, 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):

The attached form must be completed in order to file the document.

Missing signature page.

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

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 617A00022311

2017 NOV 14 PM 1:57

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IPS FOOTWEAR HAITI, 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:

LISA ZAHORIAN

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

TAX & FINANCIAL STRATEGISTS LLC

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

28089 VANDERBILT DR., SUITE 201

\_\_\_\_\_  
Address

BONITA SPRINGS, FL 34134

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

LISA@WONDERTAX.COM

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

For further information concerning this matter, please call:

LISA ZAHORIAN

239 405-8395  
at ( )

\_\_\_\_\_  
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**

IPS FOOTWEAR HAITI, 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 10/27/2017 and assigned  
Florida document number L17000222829.

This amendment is submitted to amend the following:

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

IPS FOOTWEAR - HAITI, 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:

(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>
AMBR	ENSEIGNER LLC	1623 CENTRAL AVE, SUITE 209	<input type="checkbox"/> Add
		CHEYENNE, WY 82001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICHARD D. SIEGEL	3451 BALLYBRIDGE CIR #201	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FL 34134	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


NOV 17 2011 PM 4:24  
FILED

17 NOV 1971  
DIVISION :

FILED  
17 NOV 1964 PM 4:24  
DIVISION :

**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.

Dated NOVEMBER 1ST 2017

X   
Signature of a member or authorized representative of a member

Typed or printed name of signer