# 117000225717

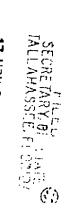
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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT:	Hle Giri	15, LLC	
	Name of Lami	ted Liabitity Company	
The enclosed Articles of Am	nendment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Robin	Lyon	
	BoHle	Name of Person  Oiv S LLC	1
	1521 1	Firm/Company / Hon Rd #	702
	Miami	Beach FL	33139
-	Pobin :	City/State and Zip Code  M. Yon a Mul  o be used for future domail report noted	L.Com
For further information conc	erning this matter, please cu	Π:	
Kobin Name of Pe	Lyon	186, 49°	5-2899
Name of Pe	15011 *	Area Code Daytime	: Telephone Number
Enclosed is a check for the f	ollowing 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

U	Γ		
(Name of the Limited Liability Compa (A Horida Limited I	my as it now appears of our records.)		
		and assigned	
This amendment is submitted to amend the following:	is submitted to amend the following:  name, enter the new name of the limited liability company here:  be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ipal offices address, if applicable:  address MUST BE A STREET ADDRESS)  7		
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		17	رون خير 17 م – ا
		<u>7.</u>	
		~	
		20	성출근
Enter new mailing address, if applicable:		<u></u>	_ 396
Mailing address MAY BE A POST OFFICE BOX)			
		. <del>.</del>	걸음 설립
		the name of the	
eganered agent and or the new regardress white days exchert	<b>:</b> '		
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida street address		_
	Florida		
	City . 1 Torida	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

Title MGK	Robin Lyon	Address  1521 Alton Rd #702  Miami Beach, FL 33/3	Type of Action  DAdd  Remove
MGR	N. Coss Silvera	2060 NW 1st Avenue Miami, FL 33/2	□ Change □ Add Dremove
			Change
			□ Remove
			Change
			□ Remove
			□ Change
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	NOV 20 AM 9: 4	AHASSEELLON
	_ <b>~</b> _ _	\$\$\$ (
ffective date, if other than the date of filing:  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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ocument's effective date on the Department of State's records.	605,0207 (3 listed as th	i)(h) I¢
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	ırlier of:	
ated $\frac{11/15}{2017}$ .		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

# **Detail by Entity Name**

Florida Limited Liability Company BOTTLE GIRLS, LLC

#### Filing Information

**Document Number** 

L17000225717

FEI/EIN Number

NONE

Date Filed

10/31/2017

Effective Date

10/31/2017

State

FL

Status

**ACTIVE** 

#### Principal Address

1521 ALTON ROAD #702 MIAMI BEACH, FL 33139

#### **Mailing Address**

1521 ALTON ROAD #702 MIAMI BEACH, FL 33139

#### Registered Agent Name & Address

LYON, ROBIN

1521 ALTON ROAD #702

MIAMI BEACH, FL 33139

## Authorized Person(s) Detail

#### Name & Address

Title MGR

SILVERA, N. CESS 2060 NW 1ST AVENUE MIAMI, FL 33127

#### **Annual Reports**

No Annual Reports Filed

#### **Document images**

10/31/2617 - Florida t mited Lab ity

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