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SECRETARY OF STATE
TALLAHASSEE, FI OBJE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Landon Raquel Supts And Taploring L.L.C. 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:	
Jacquez Tulis	
LANdon Requel Suits and Tailoring LLC Firm/Company	
2200 NW 2Nd AVE Address	
meame, fl 33127 City/State and Zip Code	
Sur + Sandaccess 4 Lessamar L. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tacquez Tulis at (305) 916-6001  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
▼ \$25.00 Filing Fee	

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

Landon Raquel Su?ts And Ta?loreng LLC
(Name of the Limited Liability Company as it now appears of our records.)
(A Florida Limited Liability Company)

(	, , ,		
The Articles of Organization for this Limited Liabili	lity Company were filed on	06 / 2017 and assigned	
Florida document number <u>L17000</u> 2287			
riorida document number <u>L1 1000 &amp; 600</u>	<u>· · · · · · · · · · · · · · · · · · · </u>		
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	e•		
(Principal office address MUST BE A STREET A			
Frincipal office dadress MOST BE A STREET A.	DIVILLASI		
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE BOX</u>	<u>X)</u>		
		•	
B. If amending the registered agent and/or		ir records, enter the name of the ne	ew
registered agent and/or the new registered office	address here:		
		₽ <sub>cc</sub> ~	
Name of New Registered Agent:			
New Registered Office Address:		HA HA	
New Registered Office Address.	Enter Florida:	street address	
		F. 2	
_	Citv	, Florida, Zip Gde	
New Registered Agent's Signature, if changing Regi		, Florida RS Zip Code	
		06 DA	
I hereby accept the appointment as registered as	gent and agree to act in this cap	acity. I further agree to comply with th	ie
provisions of all statutes relative to the proper a accept the obligations of my position as register	and complete performance of my red agent as provided for in Cha	aunes, and 1 am jamiliar wiin and neer 605 FS Or if this document is	
being filed to merely reflect a change in the regi	istered office address, I hereby c	confirm that the limited liability	
company has been notified in writing of this cha		•	

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>	Name	Address	Type of Action
MGR	Jacquez Tuli95	4112 NW 79th AVE Coral Springs, fl 33065	<b>™</b> Add
			□ Remove
			Change
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date, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to date of filing or methe date inserted in this block does not meet the applicable statutory filing it's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective to 90th day after the record is filed.	ime, at 12:01 a.m. on	the earli
march 06, 2018.		
	1 // 6	

Page 3 of 3

Filing Fee: \$25.00