

218000042475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

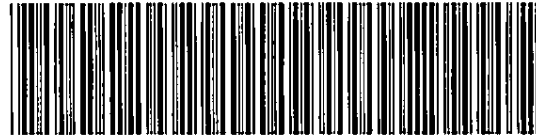
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/25/18--01013--019 **30.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 25 AM 7:14

N. COOPER

SEP 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Illest Kollections 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:

Sedaysha Samuel

Name of Person

Illest Kollections L.L.C

Firm/Company

3847 Turtle Run Blvd. apt.2428

Address

Coral Springs, Florida 33067

City/State and Zip Code

sedayshasamuel@gmail.com

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

For further information concerning this matter, please call:

Sedaysha Samuel

954 8561618
at ()

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

Illest Collections L.L.C

(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 02/15/18 and assigned
Florida document number L18000042475.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3847 Turtle Run Blvd Apt. 2428 Coral Springs, FL 33067

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3847 Turtle Run Blvd Apt.2428 Coral Springs FL 33067

(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:

Sedaysha S. Samuel

New Registered Office Address:

3847 Turtle Run Blvd. Apt. 2428

Enter Florida street address

Coral Springs

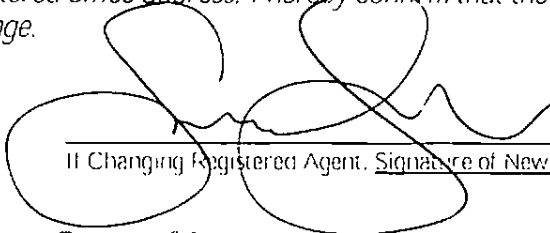
City

Florida 33067

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

FILED
IN THE
CLERK'S
OFFICE
OF THE
STATE
OF
FLORIDA
18 SEP 25 AM 7:14
DIVISION OF
CORPORATE
REGISTRATION

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>
MGR	Sedaysha Samuel	3847 Turtle Run Blvd apt.2428 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sedaysha Samuel	3847 Turtle Run Blvd apt.2428 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Katherine Seide	3 South Pine Island Road Plantation, FL 33324	<input type="checkbox"/> Add
		Katherine Seide	<input checked="" 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

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

Please remove Katherine Seide as Manager and as Registered Agent .

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 25 AM 7:13

09/21/18

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

09/21/18

Signature of a member or authorized representative of a member

Sedaysha Samuel

Typed or printed name of signee