L19000044859

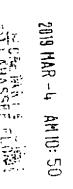
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only

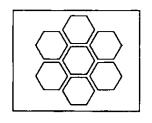


700325123307

03/04/19--01641--017 +•25.00



MAR 1 0 2010 C 1112NALE



Oroy Miel by Fifi



February 27, 2019

Josefina Capellan 3003 SW 137th Terrace Miramar, FI 33027

To whom it may concern,

This letter is to confirm the following, that the application and \$25 fee is to maintain Sofia Capellan and add Josefina Capellan as registered agent names for Oro y Miel by Fifi LLC. The company will be ran by both of us and we'd both need access to the LLC.

The LLC number is L19000044859.

Sincerely yours,

Josefina Capellan

Owner

COVER LETTER

		COVER	LETTER	
TO:	Registration Section			2018 MAR - LAMID: SU
• • • •	Division of Corporations			T T
	•			是 第一
G	Oro y Miel by Fifi LLC			
SUBJ	ECT:	ma a C I imitad I	Liability Company	
	112	ine of Limited t	Liability Company	
Dear S	Sir or Madam:			55. 05
				77.6
The er	nclosed Registered Agent/Registered Of	ffice Change and	d fee(s) are submitted for filing.	
Please	return all correspondence concerning t	his matter to the	following:	
Jose	fina Capellan			
	Name of Person	·		
Oro :	y Miel by Fifi LLC			
	Firm/Company			
3003	SW 137th Terrace			
	Address		_	
Mirai	mar Fl 33027			
IVIII Q	Hai 1133027			
	City/State and Zip Code			
orovi	mieljewelry@gmail.com			
0.07.	menjeweny e gman.com			
Ī	-mail address: (to be used for future an	nual report noti	fication)	
For fu	rther information concerning this matter	r, please call;		
Josef	fina Capellan	954	401 8383	
		at ()	
	Name of Person		Area Code & Daytime Telepho	one Number
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
	Registration Section		gistration Section	
			vision of Corporations	
	Clifton Building		O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Та	Ilahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy	
INHST	8 (2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	oro y Miel by	/ Fifi LL	_C					
2. (a)	3003 SW 137th Terrace Miramar Fl 33027		b)	PO Box	x 260855 Mi	Miramar FL 33026		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3.	2/13/2019 Date of filing/registration in Florida	- - - 4.	L —	190000	44859	umber		
5. (a)	Sofia Capellan							
o. (a)	Registered Agent and Registered Office shown on the records of 3003 SW 137th Terrace			ept. of Stat	 le;			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES</u>	S				~ 3	
	Miramar	33027	,		-	- 6-) - 6-)	2019 MAR -4	-·.
. 765	Josefina Capellan					ANAST	1	:
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	idre	<u></u>	_	ന്നു		
	3003 SW 137th Terrace					20	AM 10: 50	•
	NEW Registered Office Address:				_	200		
	Miramar, FL_	33027	,		- -			
he cha gent w	mited liability company is not organized under the law nge or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	the regi	ste	red office	e and the busit s hereby confi	ness office of	the regi	stered
SASSA	Am More Usan ire of a member of authorized representative of a member			<u>_Jos</u>	efina	Capel	lan	
hereb rovisio he obli o mere	y accept the appointment as registered agent and agree of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper and complete to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper address of the property of th	ee to act perform I for in G nereby c	t in Ian Cho Onj	this cap ce of my apter 605 firm that	acity I Gurtha	d name offsigned or agree to co om familiar w his document bility compar	manda, anis	h the accept filed een
Signatur	e of Resistered Agen							

Division of Corporations • P.O. Box 6327 • Tallahassec, FL 32314 FILING FEE: \$25.00