

L19000085525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

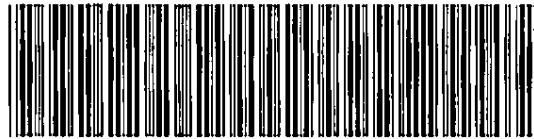
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUN 24 PM 4:47
MUNICIPAL CLERK

C. GOLDEN

JUN 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Fade City, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandra Cash-Garcia
Name of Person

Alexandra L Cash, LLC
Firm/Company

116308 Birkdale Dr
Address

Ocala, FL 33556
City, State and Zip Code

fadecity813@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Cash-Garcia at 813, 447 4257
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
2601 Executive Center Circle
Tallahassee, FL 32304



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2019

JORGE C. GARCIA
8206 W WATERS AVENUE
SUITE 114
TAMPA, FL 33615

SUBJECT: FADE CITY, LLC
Ref. Number: L19000085525

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00012628

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 JUN 24 PM 4:47

Fade City LLC

(Name of the Limited Liability Company, as it now appears on our records.)
(A Florida Limited Liability Company)

SECFI

The Articles of Organization for this Limited Liability Company were filed on 03/21/19 and assigned Florida document number L14000085525

This amendment is submitted to amend the following:

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

N/A
The new name must be distinguishable and contain the word "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

N/A

New Registered Office Address

City/County/State/Zip

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>
<u>F</u>	<u>Jorge Garcia</u>	<u>8206 W. Waters</u>	☐ Add
		<u>Suite 114 Tampa, FL 33615</u>	☒ Remove
			☐ Change
<u>MGR</u>	<u>Jorge Garcia</u>	<u>8206 W. Waters Ave</u>	☒ Add
		<u>Suite 114 Tampa, FL 33615</u>	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Type on my name as managing member
of LLC.

E. Effective date, if other than the date of filing: _____ (optional)

(If effective date is set, 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:
1b. The 90th day after the record is filed.

Dated: 05/24/2019

Signature of a member or authorized representative of a member

Jorge Garcia
Typed or printed name of signer