49000092322

(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 MAY 24 PM 4: 12

T GLASS



May 10, 2019

ROXANNE GARIPOLI 662 SE RON RICO TERRACE PORT SAINT LUCIE, FL 34983

SUBJECT: VICIOUS CREATIONS LLC

Ref. Number: L19000092322

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

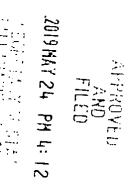
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 819A00009467



RECEIVED MAY 2 4 2019

COVER LETTER

Division of Corporations				
SUBJECT: VICIOUS Croation	~ LLC			
Name of Limi	ted Liability Company			
The enclosed Articles of Amendment and fee(s) are sub-	nitted for tiling.			
Please return all correspondence concerning this matter t	to the following:			
Roxann	Caripti Name of Person			
	Name of Person			
_ VICIOUS (Firm/Company			
<u>662 SF</u>	kon kico Ter			
	i			
part Saint a	City/State and Zip Code	•		
VICIOCCUERTO	City/State and Zip Code AS A YAN 20 · Com to be used for future annual report notification)		2(
E-mail address: (t	o be used for future annual report notification)		11911	
For further information concerning this matter, please ca	H:		AY :	
Marayne Garipoli	at (117) 538 9115 Area Code Daytime Telephone Number		2019 MAY 24 PH 4:	!
Name of Person	Area Code Daytime Telephone Number) K	
		1. T.		
Enclosed is a check for the following amount:		,	2	
\$25.00 Filing Fee \$Certificate of Status	(additional copy is enclosed) Certified	te of Statu		
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VICIOUS Crea	tons LLC				
(Name of the Limite	d Liability Company a A Florida Limited Liab	is it now appears on ou lity Company)	r records.)		
The Articles of Organization for this Limited Lia	ability Company we	. 1		and a	ssigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
				. <u> </u>	
The new name must be distinguishable and contain the wo	ords "Limited Liability (Company," the designati	on "LLC" or the a	hbreviation ".	L.L.C."
Enter new principal offices address, if applica	ble: _				
(Principal office address MUST BE A STREE)	<u> (ADDRESS)</u>				
	_				
Enter new mailing address, if applicable:	_			<u> </u>	20 9
(Mailing address MAY BE A POST OFFICE E	<u>BOX)</u>			<u> </u>	<u> </u>
	_				<u>~</u>
B. If amending the registered agent and/oregistered agent and/or the new registered off		e address on our	records, <u>enter</u>	the name	eor the ne
registered agent and/or the new register as	^				
Name of New Registered Agent:	Moxenne	Caripoli Ron Aico	<u>-</u>		ა ———
New Registered Office Address:	662 SF	for his	Terrac-	ÿ.	
		Enter Florida stre			3
		City	, FIOTIUA	Zip Code	e

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.

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>	Address	Type of Action
AP	Daniel Garipoli	662 SE Ron Axo terrace	
		port Saint Luie FL 34983	
		, and the second	Change
			
			🗆 Remove
			Change
			🗆 Add
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			□ Change

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	MAY 24
(If an e Note:	tive date, if other than the date of filing:
docui	
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
the re	e 90th day after the record is filed.
the re) Th	e 90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00