

L19000103700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

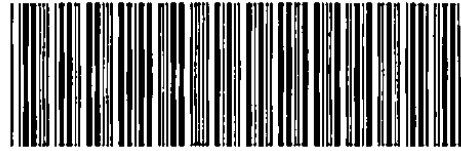
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



7003344062

09/18/18--01024--JSE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 SEP 16 PM 4:41

FILED

SEP 27 2018

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

CABANA COUTURE LLC

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:

JUSTIN MAY-LAWTON

Name of Person

CABANA COUTURE LLC

Firm/Company

1352 CHARLOTTE ST

Address

ALTAMONTE SPRINGS FL 32

City/State and Zip Code

JUSTIN@CABANACOUTURE.COM

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

For further information concerning this matter, please call:

JUSTIN MAY-LAWTON

Name of Person

at (407)

Area Code

717-8901

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

CABANA COUTURE LLC FILE

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

2019 SEP 16 F

The Articles of Organization for this Limited Liability Company were filed on 04/15/2019 at  
Florida document number L19000103700 TALLAHASSEE.

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 "LLC" or the abbreviation

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JUSTIN MAY-LAWH

New Registered Office Address:

1352 CHARLOTTE ST

Enter Florida street address

ALTAMONTE SPRINGS, Florida 327

City

Zip

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 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 filing 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>T</u>
--------------	-------------	----------------	----------

MGR.	JUSTIN MAYLAHTON	1352 CHARLOTTE ST.	
------	------------------	--------------------	--

ALAMONTE SPRINGS	
FL. 32701	

MGR.	JUSTIN MAYLAHTON
------	------------------

1610 ROOSEVELT AVE	
ORLANDO FL 32804	

MGR.	FRANK RIVERO
------	--------------

7425 SW 39 TERRACE	
MIAMI, FL 33155	*

NEW PHYSICAL AND MAILING  
ADDRESS :

1352 CHARLOTTE ST  
ATAMONTE SPRINGS FL 321

NEW EMAIL ADDRESS :

JUSTIN@CABANAOUTDORE

E. Effective date, if other than the date of filing: 9/14/2019 (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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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

(b) The 90th day after the record is filed.

Dated

SEPTEMBER 14 2019

Signature of a member or authorized representative of a member

JUSTIN MAY-LAWTON

Typed or printed name of signee