

L19000 154 005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

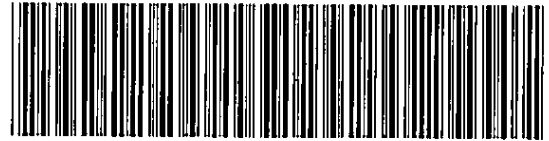
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/26/19--01024--010 **25.00

2019 AUG 5 11 4:19

Amend

AUG 05 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Variety Store & Multiservices LLC
Name of Limited Liability Company
Add New Owner

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jean Léonel Moise
Name of Person

Variety Store and Multiservices LLC
Firm/Company

5431 N State Rd 7
Address

TAMARAC FL 33319
City/State and Zip Code

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

For further information concerning this matter, please call: 954 629 0941

Marie Julie Florival at 954 479 2122
Name of Person Area Code Daytime Telephone Number
Jean L Moise

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2019

MOISE JEAN LEONEL
5431 N STATE RD 7
TAMARAC, FL 33319

SUBJECT: VARIETY STORE & MULTISERVICES LLC
Ref. Number: L19000154005

We have received your document for VARIETY STORE & MULTISERVICES 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):

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

The document is illegible and not acceptable for imaging.

Please type/print clearly.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00015709

Attention
= Rena.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Variety Store & Multiservices LLC
(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 08/05/2019 and assigned
Florida document number L19000154005

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5431 N State Rd 7
TAMARAC FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

A SAME

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:

Jean Leonel Moise

New Registered Office Address:

5431 N State Rd 7

Enter Florida street address

Tamarac

City

Florida

33319

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.

Jean Leonel Moise

If Changing Registered Agent, Signature of New Registered Agent

by attaching authorized person(s) authorized to manage, ~~enter the name, address and phone number of the person(s)~~
 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	Principale	571 NE 57th CT APT 3	<input checked="" type="checkbox"/> Add
	Jean Leonel MOISE	St. Land. FL 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

.....

(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)

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 07/22/2019

Signature of a member or authorized representative of a member

MOISE TEAN

Typed or printed name of signee