

L19000 170 941

\_\_\_\_\_  
(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



100337338241

11/25/19--01047--009 \*\*30.00

R. WHITE

JAN 03 2020

2019 11 25 PM 3:06

TO: Registration Section  
Division of Corporations

SUBJECT: Famous Florida Lifestyle 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:

Jacque Watson  
Name of Person

Famous Florida Lifestyle LLC  
Firm/Company

37207 Harbour Vista Cir.  
Address

St. Augustine, FL 32080  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jacque Watson at ( 904 ) 608-1001  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Famous Florida Apparel LLC  
(Name of the Limited Liability Company as it appears in your state)

Page 1 of 3

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

**Title**

**Name**

**Address**

### Type of Action

MGR

Louis Stevens

37207 Harbour Vista Cir ☐ Add

St. Augustine, FL 32080 ☒ Remove

☐ Change☐ Add☐ 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.)**

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 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:

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

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Jacque Watson  
Typed or printed name of signee