

L19000260139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

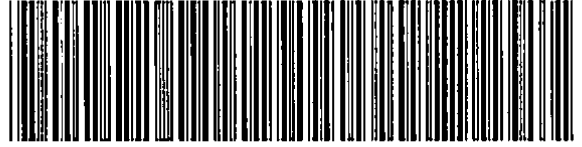
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/20--01019--020 **55.00

2020 MAY 26 PM 2:28

Amend/CC

MAY 26 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abide Apparel, 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:

ANTONIO MEDINA
Name of Person

Abide Apparel
Firm/Company

PO Box 583448
Address

Kissimmee, FL 34759
City/State and Zip Code

abideapparel91@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO MEDINA at (863) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
MAY 21 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2020

ANTONIO MEDINA
ABIDE APPAREL LLC
3200 W OAK ST
KISSIMMEE, FL 34746

SUBJECT: ABIDE APPAREL, LLC
Ref. Number: L19000260139

We have received your document for ABIDE APPAREL, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the amendment is missing.

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: 020A00008424

2020-07-26 PM 2:28

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

If Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

[illegible]

[illegible]

(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 May 5th 2020

Signature of a member or authorized rep

Signature of a member or authorized representative of a member

ANTONIO MCDIVA

Typed or printed name of signee

Filing Fee: \$25.00