

L20000 19921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

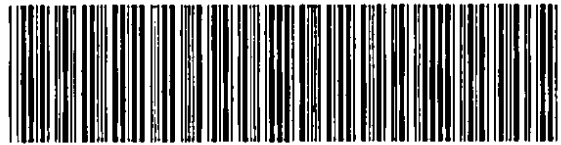
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2020 MAR 23 AM 7:23

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MAR 26 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 MAR 23 AM 11:33

March 12, 2020

CHERI KENT (2nd attempt)  
6336 NIGHTWIND CIR  
ORLANDO, FL 32818

SUBJECT: UPTOWNSTITCH ALTERATIONS & DESIGN STUDIO LLC  
Ref. Number: L20000019921

We have received your document for UPTOWNSTITCH ALTERATIONS & DESIGN STUDIO 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Last page of document to include signature was 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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 820A00005511



20201121 10:12:06

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2020

CHERI KENT  
102 W OAKLAND AVE  
OAKLAND, FL 34760

SUBJECT: UPTOWNSTITCH ALTERATIONS & DESIGN STUDIO LLC  
Ref. Number: L20000019921

We have received your document for UPTOWNSTITCH ALTERATIONS & DESIGN STUDIO LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Last page of document to include signature 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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 420A00004264

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UptownStitch Alterations & Design Studio 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:

Cheri Kent  
Name of Person

Uptownstitch alterations & Design Studio LLC  
Firm/Company

102 W. Oakland Ave  
Address

Oakland FL 34760  
City/State and Zip Code

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

For further information concerning this matter, please call:

Cheri Kent at (407) 447-0993  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Uptown Stitch Alterations & Design Studio LL  
(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 1/13/2020 and assigned Florida document number 20000019921

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Uptown Stitch Alterations & Design Studio LL  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

NA

**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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NA

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

City

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

2020 MAR 23 AM 11:23  
LIVE

2020 MAY 23 AM 7:23

**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.

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

Cheri Kent

Signature of a member or authorized representative of a member

Cheri Vent

Typed or printed name of signee

**Filing Fee: \$25.00**