L20000147658

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FEB 20 2021 ! ALHRITTON

COVER LETTER

TO: Registration Se Division of Cor			
SOPHISTIC SUBJECT:	CATED STITCHES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Shanelle M Alphonse		
	-	Name of Person	
		Firm/Company	
	5505 NW 5TH COURT		
		Address	
	MIAMI, FL 33127		
	support@lfgaccounting.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Shanelle M Alphonse		786 370-6107	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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 Addusor		6	

TO:

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



Letter Number: 921A00001230

January 20, 2021

SHANELLE ALPHONSE 5505 NW 5TH COURT MIAMI, FL 33127

SUBJECT: SOPHISTICATED STITCHES LLC

Ref. Number: L20000147658

We have received your document for SOPHISTICATED STITCHES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOPHISTICATED STITCHES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/01/2020	and assigned
lorida document number L20000147658		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liah	oility company here:	
& C Confections, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	5505 NW 5TH COURT	÷,
Principal office address MUST BE A STREET ADDRESS)	MIAMI. FL 33127	1
		~*,
iter new mailing address, if applicable:		
'ailing address MAY BE A POST OFFICE BOX)		·ω ·
If amending the registered agent and/or registered office a	address on our records, enter the	e name of the new registe
nt and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
	City	Zip Code

Registered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability my has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shanelle M Alphonse	5505 NW 5TH COURT	
		MIAMI, FL 33127	□Remove
			Change
			
			□Remove
			□ Change
			□ Add
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effective date is e: If the date i	other than the date of filing: isted, the date must be specific and cannot be paserted in this block does not meet the appre date on the Department of State's reco	plicable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 605 irements, this date will not be liste
ord specifies a iled.	delayed effective date, but not an effectiv	ve time, at 12:01 a.m. on the	earlier of: (b) The 90th day after
February 5	2021	.	
	Shanelle Que	Kn-	
	Signature of a member de a	uthorized representative of a m	ember