

L20 000284876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

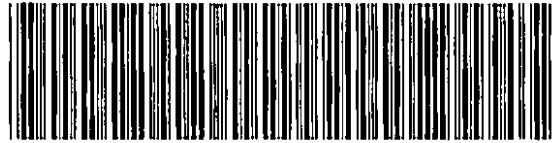
(Document Number)

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R. WHITE

DEC 18 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2020

DAVID T MARUCA
LAT + LONG APPAREL, LLC
3225 S MCDILL AVENUE STE 129-210
TAMPA, FL 33629

SUBJECT: LAT + LONG APPAREL, LLC
Ref. Number: L20000284876

We have received your document for LAT + LONG APPAREL, LLC and your check(s) totaling \$30.00. 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.

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 620A00023203

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAT + LONG 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:

David T Maruca

Name of Person

LAT + LONG APPAREL, LLC

Firm/Company

3225 S McDill Ave., Suite 129-210

Address

Tamps, FL 33629

City/State and Zip Code

dtm31876@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David T Maruca

508

754-2289

at (_____) _____

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

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

LAT + LONG APPAREL, 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 September 11, 2020 and assigned
Florida document number L20000284876.

This amendment is submitted to amend the following:

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

LAT & LONG APPAREL, LLC

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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Time

Name

Address

Type of Action

PPV ☐

Change ☐ _____

☐ Remove

PPA ☐

☐ Change

☐ Remove

PPV ☐

☐ Change

☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NOTE: Only changing "+" to "&" in the name.

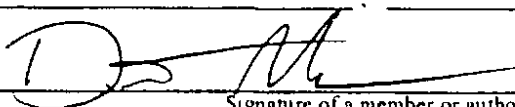
E. Effective date, if other than the date of filing: _____ (optional)

(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 October 7 2020



Signature of a member or authorized representative of a member

David T Maruca

Typed or printed name of signee

Filing Fee: \$25.00