

L21000130155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

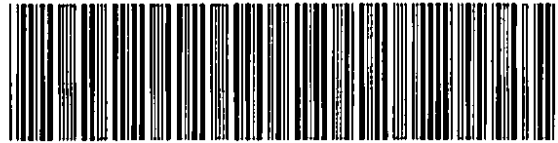
(Business Entity Name)

(Document Number)

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2021 APR -6 A 11:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Madame Collection 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:

Sydavia Tiennant
Name of Person

Madame Collection L.L.C
Firm/Company

3700 oakland preserve way Apt 5302
Address

Oakland Park FL, 33334
City/State and Zip Code

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

For further information concerning this matter, please call:

Sydavia Tiennant at 863, 484-3940
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

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

Madame Collection 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 3/19/2021 and assigned Florida document number L21000130155.

This amendment is submitted to amend the following:

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

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:

Sydavia Tiennant

New Registered Office Address:

3700 oakland preserve Way Apt 5302

Enter Florida street address

oakland Park

City

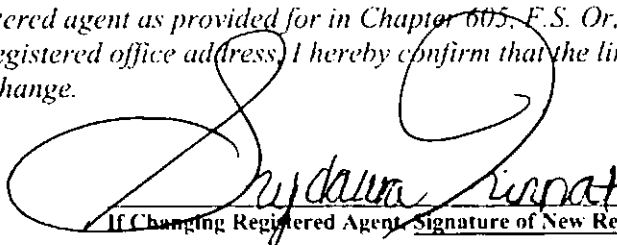
Florida

33334

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

APR 11 2021

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan L. Russell	2520 NW 12 th Ct	<input type="checkbox"/> Add
		Pompano Beach FL, 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angeia Y. Fogle	2729 NW 6 th St	<input type="checkbox"/> Add
		Pompano Beach FL, 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2021 APR -6 11:03
Remove
Change
Add
Remove

[illegible]

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.

APR - 6 11:03

April 2, 2021

Sybilma Ruinat
Signature of a member or authorized

Signature of a member or authorized representative of a member

Sydavia Tiennant
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00