

121 000167783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200371334672

08/09/21--01018--004 **25.00

21 OCT 19 PM 2:25

T. MATTHEWS

OCT 28 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 18 PM 1:41

August 18, 2021

ARIYANA MUHAMMAD
4214 SW 23RD ST
WEST PARK, FL 33023

SUBJECT: 7ND190 CLOTHING LLC
Ref. Number: L21000167783

We have received your document for 7ND190 CLOTHING 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.

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.

Tekayla T Matthews
OPS

Letter Number: 821A00019786

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7ND190 Clothing, 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:

Ariyana Muhammad

Name of Person

7ND190 Clothing, LLC

Firm/Company

4214 SW 23rd Street

Address

West Park, Florida 33023

City/State and Zip Code

7nd190@gmail.com

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

For further information concerning this matter, please call:

Ariyana Muhammad

754
at ()

260 0046

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

21 OCT 13 PM 2:25

(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

[illegible]

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

21 OCT 18 PM 2: 25

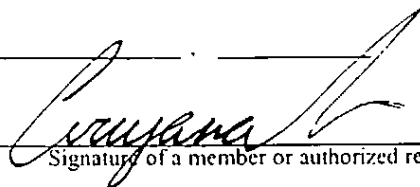
E. Effective date, if other than the date of filing: _____ (optional)

(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 10 /13 /2021



Signature of a member or authorized representative of a member

Ariyana Muhammad

Typed or printed name of signee