

121000196106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

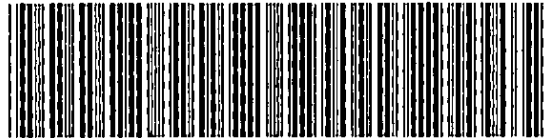
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Rec'd  
12/21

Office Use Only



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12/28/21--01011--005 ♦♦25.00

RECEIVED  
JAN 10 2022  
CLERK

A. BUTLER

JAN 10 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SEVENTY LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

2021 FEB 21 AM 9:03

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Calix

\_\_\_\_\_  
Name of Person

SEVENTY LLC

\_\_\_\_\_  
Firm/Company

5409 WILES ROAD UNIT 1-204

\_\_\_\_\_  
Address

COCONUT CREEK FL 33073

\_\_\_\_\_  
City/State and Zip Code

ROBERTO.CALIX@YAHOO.COM

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

For further information concerning this matter, please call:

Roberto Calix

954 7788697

\_\_\_\_\_  
at ( )

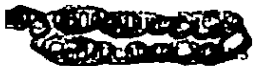
\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee



☐ \$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**

SEVENTY 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 12/7/2021 and assigned  
Florida document number 1.21000196106.

This amendment is submitted to amend the following:

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

BY ROB 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:

5409 WILES ROAD UNIT 1-204 COCONUT CREEK FL 33073

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5409 WILES ROAD UNIT 1-204 COCONUT CREEK FL 33073

(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

\_\_\_\_\_. 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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

## CHANGING BUSINESS TYPE FROM "JEWELRY" TO "CLOTHING BRAND"

[illegible]

(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)

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.

2021

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



Roberto Calix

**Filing Fee: \$25.00**

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Restricted Information

PS-Form 3582-C

Business Reply Postage

TRANSACTION DATE: 12/17/2021

DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE FL 32314  
Duplicate Copy

## Permit Information

Permit: BR 767-525

Company: CIVITECH

Address: 1023 SPRINGDALE RD # 132  
AUSTIN, TX 78721-2465

Where issued: N/A

Current Balance: \$ - 20

Contact: SARAH MCKEEN

Phone Number: 815-993-4667

Finance Number: 11-8895

## Business Reply Postage

Final	
TRANS# 202135117383274 BM	
Total no of Pieces	Total Postage
1	\$ 20

RECEIPT ACKNOWLEDGED AMOUNT HAS BEEN DEDUCTED FROM YOUR ADVANCE DEPOSIT ACCOUNT.

Clerk Initials: RKB

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