

L21000268843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

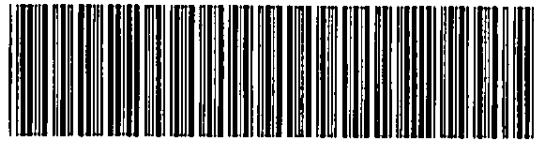
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200382916942

LLC N/C amended

200382916942
12/07/21--01028--003 **60.00

FILED
2022 MAR 23 AM 11:29
CLERK OF STATE
STATE OF MICHIGAN

A. RAMSEY

MAR 25 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 23 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FL

January 6, 2022

KAREEN ANDERSON
1037 PINELAND AVE.
VENICE, FL 34285

SUBJECT: ALL ADORNED ALF, LLC
Ref. Number: L21000268843

We have received your document for ALL ADORNED ALF, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 822A00000404

****** Please review note & copies Accompanying this application
Showing that I paid \$60, that was cashed &
still on the Account waiting to be transferred
to process this corrected application. Also enclosed is
a copy of my check number & your serial number showing the
Cashed Check. I've been waiting months.
Thank you
Karen Anderson
941-726-5616
www.sunbiz.org



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2021

ALL ADORNED LLC

1037 PINELAND AVE
VENICE, FL 34285

12072101028003

Subject: **ALL ADORNED LLC**
RE: 721A00029557

We have received your document for the above Fictitious Name and your check(s) totaling \$60.00; however, the document **has not been filed** and is being returned for the following:

IT APPEARS THAT YOU ARE TRYING TO FILE A AMENDMENT PLEASE
SUBMIT THE CORRECT FORMS.

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Theresa R Wilson
Reinstatement Section
Division of Corporations

Letter No. 721A00029557

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL ADORNED LLC 2021 DEC 20 PM 4:18
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:

KAREEN Anderson
Name of Person

Firm/Company

1037 Pineland Avenue
Address

Venice, FL 34285
City/State and Zip Code

Kareens8@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kareen Anderson at (941) 726-5616
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ALL ADORNED ALF LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 MAR 23 AM 11:29
CLERK OF STATE
TALLAHASSEE FL 323

The Articles of Organization for this Limited Liability Company were filed on 06/09/2021 and assigned
Florida document number 221000268843

This amendment is submitted to amend the following:

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

ALL ADORNED 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

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


[illegible]

[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.

Dated 12/13 2021

12/13 2021



Signature of a member or authorized representative of a member

Karen Anderson

Typed or printed name of signee