

L21 000 354 894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2024

KIYUNI SINGLETON
1350 NW 190TH ST
MIAMI, FL 33169

SUBJECT: SECURE THE BAG CLOTHING LLC
Ref. Number: L21000354894

We have received your document for SECURE THE BAG CLOTHING 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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 524A00005720

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Secure the bag 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:

Kiyunii Singleton
Name of Person

Secure the bag Clothing LLC
Firm/Company

1350 NW 190th St
Address

Miami, FL 33169
City/State and Zip Code

Kiyunii.Singleton6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kiyunii Singleton at (954) 940-2110
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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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 April 6, 2024 . _____

Kyrie Singleton
Signature of member or

Signature of a member or authorized representative of a member

Kiyunii Singleton

Typed or printed name of signee

Filing Fee: \$25.00