

# L21000387378

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.  
Account Number : I20100000080  
Phone : (954)366-3850  
Fax Number : (954)633-7850

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: taxright7@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FABULA SWIMWEAR OF FLORIDA LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE

2024 JUN-3 PM 2:34

FILED

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: FABULA SWIMWEAR OF FLORIDA 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:

ANGELA RIVERO

Name of Person

FABULA SWIMWEAR OF FLORIDA LLC

Firm/Company

18210 MABERLY ROAD

Address

WEEKI WACHEE, FL 34614

City/State and Zip Code

FABULASWIM@GMAIL.COM

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

For further information concerning this matter, please call:

ANGELA RIVERO

at (754) 366-2371

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FABULA SWIMWEAR OF FLORIDA 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 08/30/2021 and assigned  
Florida document number L21000387378.

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:

New Registered Office Address:

*Enter Florida street address*

*City*

Florida

*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

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          | OLGA H DUQUE | CALLE 18 SUR 37-54 APT 1003 | <input type="checkbox"/> Add               |
|              |              | MEDELLIN, AN 05002 CO       | <input checked="" type="checkbox"/> Remove |
|              |              |                             | <input type="checkbox"/> Change            |
| MGR          | ALEX RIVERO  | 13210 MABERLY RD            | <input checked="" type="checkbox"/> Add    |
|              |              | WEEKI WACHEE, FL 34614      | <input type="checkbox"/> Remove            |
|              |              |                             | <input type="checkbox"/> Change            |
|              |              |                             | <input type="checkbox"/> Add               |
|              |              |                             | <input type="checkbox"/> Remove            |
|              |              |                             | <input type="checkbox"/> Change            |
|              |              |                             | <input type="checkbox"/> Add               |
|              |              |                             | <input type="checkbox"/> Remove            |
|              |              |                             | <input type="checkbox"/> Change            |
|              |              |                             | <input type="checkbox"/> Add               |
|              |              |                             | <input type="checkbox"/> Remove            |
|              |              |                             | <input type="checkbox"/> Change            |
|              |              |                             | <input type="checkbox"/> Add               |
|              |              |                             | <input type="checkbox"/> Remove            |
|              |              |                             | <input type="checkbox"/> Change            |

