L 22000078304

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DES LLC				
Name of Lim	ited Liability Compan	y		_
Amendment and fee(s) are sub	mitted for filing.			
ondence concerning this matter	to the following:			
TATIANA QUINTANA P	ARRA			
	Name of Person	1		
ALTA SHOES LLC				
	Firm/Company	,		
6445 NE 7TH AVE #206S				
	Address			
MIAMI, FL 33138				
	City/State and Zip (Code		
E-mail address: (to be used for future ar	mual report notif	fication)	<u> </u>
oncerning this matter, please ca	all:			
PARRA	347	691-9990		
f Person	at (Area Code	Daytime	e Telephone Nu	mber
ne following amount:				
■ \$30.00 Filing Fee & Certificate of Status	Certified Cop	ny	Cert Certi	00 Filing Fee, ifficate of Status & iffed Copy tional copy is enclosed)
Section	Reg	gistration Sec		
	Pocations DES LLC Name of Lim Amendment and fee(s) are sub Indence concerning this matter TATIANA QUINTANA P ALTA SHOES LLC 6445 NE 7TH AVE #206S MIAMI, FL 33138 E-mail address: (Indence concerning this matter, please of PARRA If Person The following amount: \$\Pi\$ \$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: TATIANA QUINTANA PARRA Name of Person ALTA SHOES LLC Firm/Company 6445 NE 7TH AVE #206S Address MIAMI, FL 33138 City/State and Zip C E-mail address: (to be used for future an oncerning this matter, please call: PARRA TPerson at (Area Code S30.00 Filing Fee & Certified Copy (additional copy) SE: Section Corporations Streets Section Corporations Streets Section Corporations Streets Section Corporations Streets Section Corporations	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: TATIANA QUINTANA PARRA Name of Person ALTA SHOES LLC Firm/Company 6445 NE 7TH AVE #2068 Address MIAMI, FL 33138 City/State and Zip Code E-mail address: (to be used for future annual report notion concerning this matter, please call: PARRA TPERSON TOTAL AND ARRA AT (Porations DES LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: TATIANA QUINTANA PARRA Name of Person ALTA SHOES LLC Firm/Company 6445 NE 7TH AVE #206S Address MIAMIL FL 33138 City/State and Zip Code E-mail address: (to be used for future annual report notification) oncerning this matter, please call: PARRA TPerson The following amount: Solution of Status Certificate of Status Street Address: Registration Section Corporations Corporations Street Address: Registration Section Division of Corporations

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314



July 14, 2023

TATIANA QUINTANA PARRA ALTA SHOES LLC 6445 NE 7TH AVE #206S MIAMI, FL 33138

SUBJECT: ALTA SHOES LLC Ref. Number: L22000078304

We have received your document for ALTA SHOES 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):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Letter Number: 123A00015729

Valerie Herring Regulatory Specialist III Internet Support

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALTA SHOES LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	ir records.)	
The Articles of Organization for this Limited Florida document number 1.22000078304		y were filed on <u>02/16/202</u>	22	and assigned
This amendment is submitted to amend the fol				
A. If amending name, enter the new name	-	pility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designati	ion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
			Σ_{σ}	2023
			. C.A.	; 23 3>-
Enter new mailing address, if applicable:			25 25	AUG
(Mailing address MAY BE A POST OFFICE BOX)			Siz.	<u> </u>
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B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records	s, enter the name of	the wew registe
Name of New Registered Agent:	TATIANA QUINTANA PARRA			
New Registered Office Address:	6445 NE 7TH	AVE #206S		
		Enter Florida stre	ret address	
	МІАМІ		, Florida ³³¹³⁸	
	-	City	Z	iv 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>	Address	Type of Action
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			Remove
			☐ Change
			□Add
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fective date, if other than (in effective date is listed, the date	the date of filing: must be specific and cannot	be prior to date of tili	ing or more than 90 days	o ptional) after filing.) Pursuant	to 605.020
ote: If the date inserted in this seament's effective date on the	s block does not meet the a Department of State's r	applicable statuto ecords.	ry filing requirements	s, this date will not b	oe listed :
record specifies a delayed effective is filed.	ctive date, but not an effe	ctive time, at 12:0	I a.m. on the earlier of	of: (b) The 90th da	y after th
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MAY, 01	2023	; 			
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Filing Fee: \$25.00