

L24000446033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

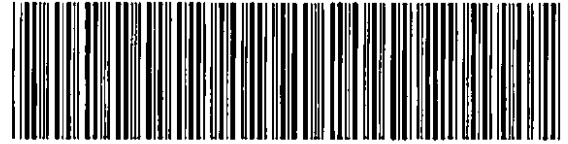
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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURVY GIRDLES 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:

YASMIN LEMUS

Name of Person

CURVY GIRDLES LLC

Firm/Company

9350 NW 39TH CT

Address

SUNRISE, FL 33351

City/State and Zip Code

yasminlemus9@gmail.com

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

For further information concerning this matter, please call:

YASMIN LEMUS

954

860-3765

at (_____) _____

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

7021 DEC 17 PM 4:12
DIVISION OF STATE
CORPORATIONS, FL

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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	YASMIN LEMUS	9350 NW 39TH CT	<input type="checkbox"/> Add
		SUNRISE FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CARLOS VALLE	9350 NW 39TH CT	<input type="checkbox"/> Add
		SUNRISE FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

[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.

[Handwritten signature]

YASMIN LEMUS

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CLERK OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00