

L24000 470309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rec. \$

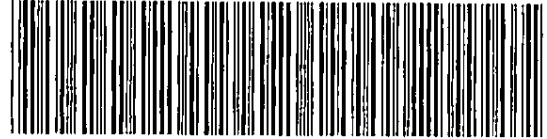
12130124

NO \$

11/13/2024

amend.

Office Use Only



900435143499

01/15/25--01004--002 \*\*80.00

2024 DEC 30 PM 6:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

-get \$ added &

make copy of form

*MO*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2024

RAYZA TREVILLA  
19700 SW 86 AVE  
CUTLER BAY, FL 33189 US

SUBJECT: RT FASHION LLC  
Ref. Number: L24000470309

We have received your document for RT FASHION LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$60.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

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

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 424A00026734

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 30 PM 6:39

FILED

12.30-24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RT FASHION 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:

RAYZA LEON

\_\_\_\_\_  
Name of Person

RT FASHION LLC

\_\_\_\_\_  
Firm/Company

19700 SW 86 AVE

\_\_\_\_\_  
Address

CUTLER BAY, FL 33189

\_\_\_\_\_  
City/State and Zip Code

RTFASHIONJEWEL@GMAIL.COM

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

For further information concerning this matter, please call:

MARCOS LEON

305

803-2555

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

FILED  
2024 DEC 30 PM 6:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**

RT FASHION 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 11/06/2024 and assigned  
Florida document number 1.24000470309.

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*

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

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>
VP	MARCOS LEON	19420 SW 97 PL.	<input type="checkbox"/> Add
		MIAMI, FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAYZA LEON	19700 SW 86 AVE	<input checked="" type="checkbox"/> Add
		CUTLER BAY ,FL 33189	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCOS LEON	19420 SW 97 PL	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33157	<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

2024 DEC 30 PM 5:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL


SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 30 PM 6:39

7:  
12-17  
12-17  
12-17  
12-17

(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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**