

08/08/2019 15:58 9543891397 SALVER AND COOK PAGE 01/04
7/29/2019
M13000004470
Division of Corporations
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 : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954)389-1333
Fax Number : (954)389-1397

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STRIPEY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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K. SALY

AUG 9 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRIPEY LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELLA SANTANA
Name of Person

SALVER & COOK LLP
Firm/Company

2721 EXECUTIVE PARK DR STE 4
Address

WESTON FL 33331
City/State and Zip Code

D.SANTANA@PSCCPAS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLA SANTANA at (954) 3891333
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: STRIPEY LLC

Enter new principal office address, if applicable: 2721 EXECUTIVE PARK DR

*(Principal office address
MUST BE A STREET ADDRESS)*

STE 4

WESTON, FL 33331

Enter new mailing address, if applicable:

*(Mailing address
MAY BE A POST OFFICE BOX)*

2721 EXECUTIVE PARK DR

STE 4

WESTON, FL 33331

2. The Florida document number of this limited liability company is: M13000004470

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: _____

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: SALVER & COOK LLP

New Registered Office Address: 2721 EXECUTIVE PARK DR STE 4

Enter Florida Street Address

WESTON

Florida

33331

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

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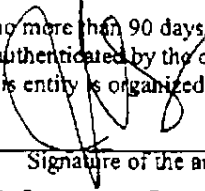
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GOLDEMBERG, ALEJANDRO	333 NE 24th Street 209	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
MGR	PIEDRAHITA, VANESSA	2721 EXECUTIVE PARK DR STE 4	<input checked="" type="checkbox"/> Add
		WESTON, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

VANESSA PIEDRAHITA

 Typed or printed name of signer

Filing Fee: \$25.00

19 AUG -8 PM 10:40
 FILED
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 CLERK OF THE
 SUPREME COURT
 OF THE STATE OF
 FLORIDA

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