

MZC0000009231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

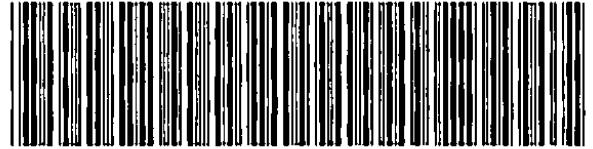
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/03/20--01012--01

SECRETARY OF STATE
TALLAHASSEE, FL

2020 NOV -9 PM 3:08

12/16/20

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COVER LETTER

TO: Registration Section
Division of Corporations

Social House Atelier

SUBJECT: _____
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:

Joseph Alloe

Name of Person

Firm/Company

13610 Northumberland Cir.

Address

Wellington, FL 33414

City/State and Zip Code

jalloe@forceenterprises.net

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

For further information concerning this matter, please call:

Tammie Alloe

440

886-1194

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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

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

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

2020 NOV -9 PM 3: 08

SECRETARY OF STATE
DEPARTMENT OF REVENUE

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: Sociale House Atelier, LLC

Enter new principal office address, if applicable: 13610 Northumberland Cir.
Wellington, FL 33414
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M20000009231

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 10/12/20

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

5. New name of the limited liability company: Treum House Atelier, LLC
(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: _____

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.

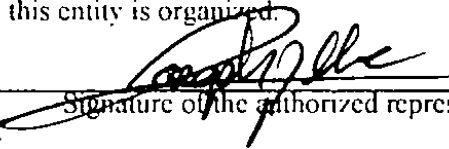
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<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
Joseph Alloc

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.


CERTIFICATE OF NAME CHANGE

Current Name: **Treun House Atelier, LLC**
Old Name: **Sociale House Atelier, LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **2nd** day of **November, 2020**



Filed Date: 11/02/2020


Secretary of State

By: Bailey Johnson



Ed Murray
Wyoming Secretary of State
2020 Carey Avenue, Suite 700
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

WY Secretary of State
FILED: 11/02/2020 02:41 PM
Original ID: 2020-000947398
Amendment ID: 2020-003049829

Limited Liability Company Amendment to Articles of Organization

1. Name of the limited liability company:

Sociale House Atelier, LLC

2. The date of filing its articles of organization: 09/25/2020

3. Article number(s) 1 is amended as follows:

Article I: Sociale House Atelier, LLC will further be known as Treun House Atelier, LLC

Signature:

(Shall be executed by a person authorized by the company.)

Date: 10/29/2020

(mm/dd/yyyy)

Print Name:

DeAnna Montemayor, on behalf of

Contact Person:

Title:

Capital Administrations, LLC

Daytime Phone Number:

Authorized Agent for Sociale House Atelier, LLC

Email:

(Email provided will receive annual report reminders and filing evidence)

*May list multiple email addresses

Checklist

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Filing Fee: \$50.00 Make check or money order payable to Wyoming Secretary of State.

Please submit one originally signed document.

Typical processing time is 3-5 business days following the date of receipt in our office.

Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.

RECEIVED
OCT 29 2020
WYOMING
SECRETARY OF STATE