

M24000002893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

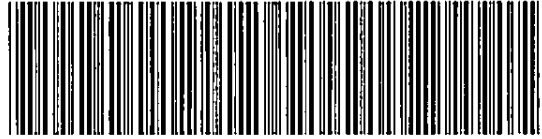
(Business Entity Name)

(Document Number)

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

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PHONE: (800) 435-9371; FAX: (866) 860-8395**

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DATE: 04/25/2024

NAME: LA PATINE LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

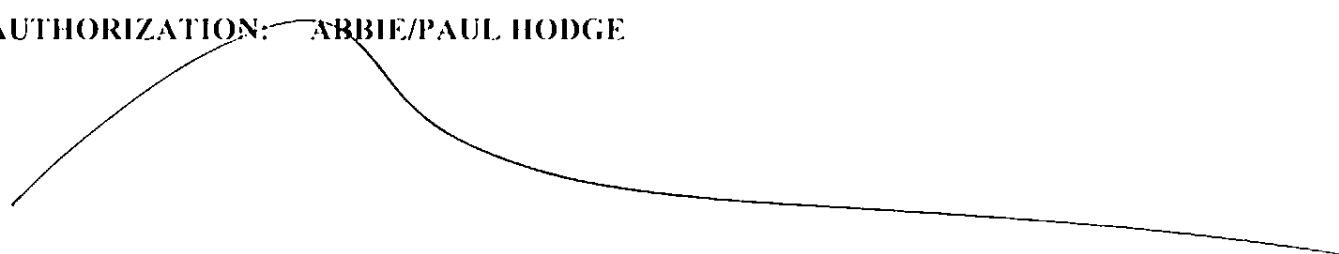
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ACCOUNT: FCA000000015

AUTHORIZATION: ARBIE/PAUL HODGE



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# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** La Patine 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:

Nickolas Spradlin  
Name of Person

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
Firm/Company

4300 Biscayne Blvd suite 203  
Address

Miami, Florida 33137  
City/State and Zip Code

spradlinlaw@gmail.com  
E-mail address: (to be used for future annual report notification)

REC'D  
STATE  
TALLHASSEE, FL  
MAY 13 2015 AM 7:55

For further information concerning this matter, please call:

Nick Spradlin at ( 305 ) 671-3665  
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**

**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: La Patine LLC

Enter new principal office 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)**

2. The Florida document number of this limited liability company is: M24000002893

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 3/6/24

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**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: THE LAW OFFICES OF NICK SPRADLIN, PLLC

New Registered Office Address: 4300 Biscayne Blvd suite 203

*Enter Florida Street Address*

Miami

*City*

Florida 33137

*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>
AP	Deborah Jean Reid	628 Coral Way # 1504	<input checked="" type="checkbox"/> Add
		Coral Gables, Fl. 33134	<input type="checkbox"/> Remove
AP	Arianna Carrington-Hooker	1678 E. Silver Star Rd.	<input type="checkbox"/> Add
		Ocoee, Fl. 34761	<input checked="" 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

COUNTY OF STATE  
 IN MIAMI SEED, FL  
 25 AM 7:55

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.

Deborah Jean Reid  
 Signature of the authorized representative

Deborah Jean Reid  
 Typed or printed name of signee

**Filing Fee: \$25.00**