

LLS 0000 71818

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stevens MAY 07 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Demure Clothing 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:

Kevin Mack  
Name of Person  
Demure Clothing LLC  
Firm/Company  
804 E Mowry Dr Apt 218  
Address  
Homestead FL 33010  
City State and Zip Code  
Kevinmacksops@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Mack at 305 495-1934  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Chilton Building  
2061 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Demure Clothing LLC  
(Name of the Limited Liability Company as it appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 23, 2015 and assigned Florida document number L1500071818

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Demure Apparel LLC

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 office address, if applicable: 804 E Mowry Dr Apt 218 Homestead FL 33030

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 804 E Mowry Dr Apt 218 Homestead FL 33010

(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

City Florida Zip Code

New Registered Agent's Signature, if changed 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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