## KZ1000164293

(Requestor's Name)
(Address)
(Address)
(Madress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Entity Name)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Cor					
Garsva Cou	iture LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Melissa Garsva				
		Name of Person	<del></del>		
	Garsva Couture LLC				
		Firm/Company	<del></del>		
	500 North Andrews Avenu	ie Apt 631	annual report notification)  210-2993  de Daytime Telephone Number 28  September 29  Certificate of Status & Certificate of St		
		Address			
	Fort Lauderdale Florida 33	301			
		City/State and Zip Code			
	garsvacouture@gmail.com		<del>z-</del>		PH + C
For further information of	eneerning this matter, please c	·	neation)	(	202
Melissa Garsva		at ()			
Name o	of Person	Area Code Daytim	e Telephone Number	• •	26
Enclosed is a check for the	he following amount:			-	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (	e of Status & Copy	

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

Garsva Couture LLC			
(Name of the Limited L	iability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabil Florida document number L21000164293	11/- /2	and assign	ned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C	2.1
Enter new principal offices address, if applicable	::		
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	r)		
Maning address MAT BE AT OST OFFICE BOX	<u> </u>	-	<del></del>
B. If amending the registered agent and/or regis agent and/or the new registered office address he  Name of New Registered Agent:	tered office address on our records, <u>enter the namere</u> :	e of the new r	7621
<del></del>			<u></u>
New Registered Office Address:	Enter Florida street address	<u> </u>	35.75
	The Temple Street against	: -	9
_	, Florida	20 (7.1)	- P
	City	Zip Code	
New Registered Agent's Signature, if changing Regis	stered Agent:	1**	. නි
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further ago nd complete performance of my duties, and I am f ed agent as provided for in Chapter 605, F.S. Or, stered office address, I hereby confirm that the lin nge.	amiliar with a if this docum	and ent is

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>	Address	Type of Action
AMBR	13030873 Canada Inc.	200, rue Montealm, Suite 400Gatineau (Québec)	[8Y : 
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e: If the date inserted in this blooment's effective date on the Dependent of the dependent of the detective detective and delayed effective	be specific and cannot be prior to date of filin ck does not meet the applicable statutor	y filing requirements, this date will	not be listed as t
s filed.			
June 9 ed			
11	1 2	ntative of a member	

Filing Fee: \$25.00