## 421000429030

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2022 FEB 22 AM 6: 20 SECRETARY OF STATE TALLAHASSEE, FL

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A. BUTLER MAR 2 - 2022

## **COVER LETTER**

Division of Co		• · · •	
SUBJECT: SWIMW	EAR BY CORSETTI CO	OLLECTION, LLC 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:	
	Corpor	ate Maintenance Le	ad
		Name of Person	
	Proc	essing Department	
		Firm/Company	<del></del>
		1450 Vassar St	
		Address	
		Reno, NV 89502	
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c		
Process	ing Department	at (800 ) 638-2320	_
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 FEB 22 AM 6: 20 SWIMWEAR BY CORSETTI COLLECTION, LLC (Name of the Limited Liability Company as it now appears on our records): IARY OF STATE
(A Florida Limited Liability Company)

TALLASASSEE F: TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 09/30/21 \_\_\_\_ and assigned Florida document number L21000429030 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 offices 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) . 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 , Florida 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

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
MGR_	Carolina Rinchere	413 E. Palmetto Park Rd.	
		Boca Raton, FL 33432	Remove
<del></del>			🗖 Add
		Remove	
		☐ Change	
			Remove
			Change
<del></del> .			Add
		□ Remove	
			□ Change
			□ Remove
			Change
			[] Add
			□ Remove
			Change

Note:	tive date, if other than the date of filing:  N/A  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Carolina Kinchere
	Signature of a member or authorized representative of a member
	Marie Corsetti

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Filing Fee: \$25.00