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(Re	equestor's Name)	
(Ac	idress)	_ ·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS
22 APR 18 PM 1:47

T. MATTHEWS MAY 26 2022

COVER LETTER

то:		istration Sec sion of Corp			· * •	
CUDIE	CT.	DAMENS C	OMPANY LLC		,	•
SUBJE	CI:		Name of Lim	ited Liability Company		
The enc	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn	all correspon	dence concerning this matter	to the following:		
			JOHNSLEY CELESTIN			
				Name of Person		
			DAMENS COMPANY LL	.c		
				Firm/Company		
			2630 W BROWARD BVD	203-1793		
				Address		
			FORT LAUDERDALE. F	1. 33312		
				City/State and Zip Code		
			info@damensweb.com			_
			E-mail address: (to be used for future annual rep	ort notification)	
For furt	her in	formation co	ncerning this matter, please ca	all:		
JOHNS	SLEY	CELESTIN		754 422-0	080	
	·	Name of	Person		Daytime Teleph	one Number
Enclose	ed is a	check for the	e following amount:			
≡ \$25	5.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.C	iling Address gistration S vision of Co). Box 6327	ection orporations 7	Division o	r <u>ess:</u> on Section of Corporation e of Tallaha	
	Tal	lahassee, F	L 32314	2415 N. M	Ionroe Stree	t, Suite 810

Tallahassee, FL 32303

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

22 APR 18 PN 1:47

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(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears d Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compa. Florida document number L22000127034.	ny were filed on 03/1	14/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company her	r <u>e</u> :
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1326 E Commerc	cial Blvd
Principal office address MUST BE A STREET ADDRESS)	Suite 1046	
	Oakland Park, Fl	L 33334
Enter new mailing address, if applicable:	1326 E Commerc	cial Blvd
Mailing address MAY BE A POST OFFICE BOX)	Suite 1046	
	Oakland Park, Fl	L 33334
B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our re	cords, <u>enter the name of the new regis</u> t
1226 F. C	mercial Blvd Suite 10-	16
New Registered Office Address: 1326 E Com		da street address
		22224
Oakland Par	k	, Florida <u>33334</u>

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
			□Add
			□Remove
			Change
			
			Remove
			□Change
			🗆 Add
			Remove
			Change
			□ Add
			□Remove
			□Change
			□ Add
		_	□Remove
			□Change
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			□Remove
			□ Change

II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: (optional) (optional)
ord is fil	
Dated .	
	Signature of a member or authorized representative of a member
	JOHNSLEY CELESTIN
	Typed or printed name of signee

Filing Fee: \$25.00