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| ☐ PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to | Filing Officer: | |
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Office Use Only

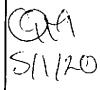


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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Addicted To Fashio | n LLC |
| | ted Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) are sub- | nitted for filing. |
| Please return all correspondence concerning this matter t | o the following: |
| Aeyanna | WilliamS Name of Person |
| _ : Addicted to | Firm/Company |
| _ 6911 Sw | 8 th St Address |
| North Lo | City/State and Zip Code |
| ATFLIC | 2019 Q amail. com to be used for fulfire annual report notification) |
| · | |
| For further information concerning this matter, please ca | MI: |
| ARYANNA Williams | at (786) 436 4471 |
| Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed) |
| 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

| Addicted to fashion (Name of the Limited Liability Compa) (A Florida Limited L.) | ny as it now appears on outlability Company) | ur records.) | |
|---|---|-----------------------|-----------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L900133468</u> . | were filed on 5/17 | -/19 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabs Twelve 04 Ll The new name must be distinguishable and contain the words "Limited Liabileters". | . C. | ion "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | | <u> </u> |
| | | | FILE FARE |
| Enter new mailing address, if applicable: | | | *** |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 9:30 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our record | is, enter the name | of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida str | reet address | |
| | City | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | • | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as | ree to act in this capac performance of my a | luties, and I am fa | miliar with and |

If Changing Registered Agent, Signature of New Registered Agent

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 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 |

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------------|-------------|----------------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | Change |
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Page 2 of 3

| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an e | effective date, if other than the date of filing: |
| the re | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Date | d |
| | Signature of a member or authorized representative of a member |
| | Alyana Williams Typed or printed name of signee |

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