## \*L09000081187

(Re	questor's Name)	
(Ad	dress)	<u>_</u>
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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13 NOV 22 PH 4: 33
SLUGLIAN OF STATE
FALLAMASSEE, FLORIDA

K.SALY EXAMINER NOV 26 2013

## **COVER LETTER**

Division of Corpor	ations		
SUBJECT: YASH	ION COMM	ANDO ILC	
- <u> </u>	Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	-	-	
_	ATTILA	KOKAVECZ Name of Person	
		Name of Person	
_	FASHION (	COMMANDO LLC Firm/Company	
		Firm/Company	
_	6921 MAN.	NA LOA BLUD Address	
		Address	
_	SARASOTA,	FL 34241 City/State and Zip Code	
		•	
_	FASHIONCOM	MANDO & HOTMAIL o be used for future annual report notificati	COPI
			on)
For further information conce	erning this matter, please ca	all:	
ATTILA KO	KAVECI	at (941) 586-39 A	10
ATTILA KOKAVECZ at (941) 586-3940  Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	2\$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:

TO:

Registration Section

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

13 NOV 22 PM 4:33 (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) and assigned Florida document number L09000081187 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." SARASOTA, FL 34236 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 City Zip Code

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CSABA MIZERAK	6901 TEMA LN	Add
		SARASOTA, FL 34241	Remove
<u>M62M</u>	SZILVIA FARKAS	G921 MAUNA LOA BLUD SARASOTA, FL 34241	
			Add Remove
	<del> </del>		Add Remove
<del></del>			Add Remove
			Add
			_

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
Dated	11/19/2013
	Miler Kokavicz
	Signature of a member or authorized representative of a member
	ATTILA KOKAVECZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00