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T. CLINE

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EXAMINER

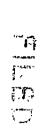
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COVER LETTER

	ion Section of Corporations	
SUBJECT:		wns Clothing, LLC
	Name of Lim	ited Liability Company
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.
Please return all co	rrespondence concerning this matte	er to the following:
	M	latthew Sarkodee-Adoo Name of Person
	Cla	ss Clowns Clothing, LLC Firm/Company
		1019 Castile Rd
		Address
		Palm Bay, FL 32909 City/State and Zip Code
	Classo E-mail address: (clownsclothing@gmail.com (to be used for future annual report notification)
For further informa	tion concerning this matter, please	k and No. 7 survivor
N	Collin Weaver	at (321) 591-8490
Enclosed is a check	for the following amount:	
\$25.00 Filing Fe	·	S55.00 Filing Fee & S60.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Class	Clowns Clothing, LL	C		-	
(A Flori	ility Company as it now apper da Limited Liability Company)	uis on our iccoius.			
The Articles of Organization for this Limited Liabilit	y Company were filed on	June 16, 2010	and	assigned	
Florida document number <u>L10000064503</u>	<u>. </u>				
This amendment is submitted to amend the following	; ;				
A. If amending name, enter the new name of the l	limited liability company he	ere:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation '	'LLC" or th	he abbreviation	
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET AD	DRESS)		<u> </u>	<u> </u>	
				2	
				# # # # # # # # # # # # # # # # # # #	
Enter new mailing address, if applicable:			S\$ 5		
(Mailing address MAY BE A POST OFFICE BOX)					
			(m) -1	- rapid black dilig	
)	
B. If amending the registered agent and/or re		our records, enter	the name	e of the new	
registered agent and/or the new registered office a	ddress here:				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	City		Zin Co	nde	

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action Title Address <u>Name</u> Melbourne EL 32905 **MGRM** Tiemayne Lawson Remove ☐ Add ☐ Remove ☐ Add Add Remove Add Remove <u>E</u>EA∏ª Remove ا برخود راجود 00 442 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 19 Dated Signature of a member or authorized representative of a member Tiemayne Lawson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00