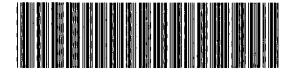
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(Requestor's Name)					
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LUNCHARY OF STATE

HIT AHASSEE, FLORIDA

COVER LETTER

TO:	Registration Division of C		ens ,	•	· •		
SUBJE	ct: F	ce	Your Name	teart	Clothing Liability Company	LLC	·
	•						
The end	closed Articles	of Amend	ment and fee(s)	are submitt	ed for filing.		
Please 1	eturn all corres	pondence	concerning this	matter to th	ne following:		
		_	Amo	anda	Guevara. Name of Person		
					Firm/Company		
			32	51 50	$\frac{130 \text{ th}}{\text{Address}}$	we	
			Miam	FL Ci	33175 ty/State and Zip Code		
			amand E-mail a	a • m Idress: (10 be	33175 ty/State and Zip Code 388@ ycu used for future annual rep	ort notificati	<u>)M</u>
For fur	ther information	n concerni	ng this matter,	please call:			
	<u>Javier</u>	Gue of Person	vara.		at (<u>305)_76</u> Area Code &	4 - 690 Daytime Te	49 Elephone Number
Enclose	ed is a check fo	r the follo	wing amount:				
⊠ \$25	.00 Filing Fee	\$:	30.00 Filing Feo Certificate of S	e & [\$55.00 Filing Fee & Certified Copy (additional copy is e	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

Free Your	Heart	Clothing	ILC	12 OCT 19 PM 12: 41
. (Name of the Limi	ted Liability Con (A Florida Limit	npany as it now app ed Liability Company	ears on our rec	ords.) ALLAHASSEE, FLORIDA.
The Articles of Organization for this Limited Florida document number	Liability Comp		70 1 (1)	and assigned
This amendment is submitted to amend the f	ollowing:			
A. If amending name, enter the new name	e of the limited	liability company l	<u>here</u> :	
Free Your Heart	Appar	LLC.		
The new name must be distinguishable and end "L.L.C."	with the words "I	Limited Liability Con	npany," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if app	olicable:			
(Principal office address MUST BE A STR	<u>EET ADDRESS</u>	<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	CE BOX)			
B. If amending the registered agent an registered agent and/or the new registered			n our records	s, enter the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
	street address			
			, Fi	orida
		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
-			Add
			Remove
			·
			Add
			Remove
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Dated	1900 (1) , 2		
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	Signature of a member	er gr authorized representative of a member	···
	Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00