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TAIL AHASSEE, FLORIDA

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# **COVER LETTER**

Division of Corporations
SUBJECT: / VONNES Clothing and MOYE LLL Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
YUDANE   WIGO
Lucius Clothing and Mose LLC Firm/Company
725 West Dayton Cir
Ft Landerdole F/A 333/2 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  1000 2605 100 100 100 100 100 100 100 100 100 1
Name of Person Area Code Daytime Telephone Number
The code Sayana respectively.
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

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

JUON 10'S CLC (Name of the Limited)	Liability Compan Florida Limited Li	y as it now appears on ou	CSOVIQS Ir records.)	LLC
The Articles of Organization for this Limited Liab Florida document number <u>L13000133</u>		were filed on Sept	- 19 201	3 and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the local contains the word.  The new name must be distinguishable and contain the word.  Enter new principal offices address, if applicable (Principal office address MUST BE A STREET).	Toud Cability Character Ch	nore LL	Cion "LLC" or the abbi St Day Worlda lac 333	Non Cir
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	P.O. P. Ff Lau Florid	04120 volerdo	0026 Lle 312
B. If amending the registered agent and/or registered agent and/or the new registered offic			records, enter to	hestame of the new
Name of New Registered Agent:	NO NE	w ones	Same	3 about
New Registered Office Address:		Enter Florida stre	ret address mix	28 28
•	······································	City	, FIOTIUS	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 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>	Name	Address		Type of Action
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amending any other information, enter change(s) here: (Attach additional sh	neets, if necessary.)
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote:  If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier
ted $\frac{2}{2}$	
Signature of a member or authorized representative of a m	ember
,	

Page 3 of 3

Filing Fee: \$25.00