113000/43406

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
No destruction
OCT 2 8 2013
A. 10

Office Use Only



700253144627

10/25/13--01019--002 **25.00

MULAHASSEL FLORID

)|306T25 FM 😘 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FASHIONENT, LLC

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:

ANISA LAVALLE

Name of Person

FASHIONENT, LLC

Firm/Company

5401 COLLINS AVE, UNIT 222

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

AL.FASHIONENT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS LAVALLE

at (305) 8512599

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$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:

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

FASHIONENT,LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our red d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000143406</u> .	nny were filed on 10/05/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "L"L.L.C."	imited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		70
(Principal office address MUST BE A STREET ADDRESS)		2 8 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CS PH S S
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		lorida
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MR	CARLOS LAVALLE	5401 COLLINS AVE	Add
		UNIT 222	Remove
		MIAMI BEACH, FL 331	40
			Add
			21 Remove 00 25
			Add Add
			GiRemove
			— □
			Add
			Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)	
Dated OCTOBER 15 , 2013 .		
_ Anisa favalle		
Signature of a member or authorized representative of a member ANISA LAVALLE	28	
Typed or printed name of signee		چ ديپخې
Page 3 of 3	24 PE	
Filing Fee: \$25.00	25 PH 3 38 ARY & STATE SSEEL FLORID	A series man