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(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations				
ddfashions,	LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	Rehana Raquib				
		Name of Person			
	ddfashions, LLC				
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	5335 N Military Trail # 33				
		Address			
	West palm Beach, Fl 33407	7			
		City/State and Zip Code	<u></u>		
	ddfashions1@gmail.com		E.ution)		
Far firehar information o	E-mail address: () oncerning this matter, please or	o be used for future annual report noti	ilcarion)		
	oncerning and matter, prease of	561 5129200			
Anwar Raquib	10	at ()	e Telephone Number		
Name o	f Person	Area Code 172ynin	e reseptione (value)		
Enclosed is a check for the	he 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 Addres		Street Address:	ation.		
Registration :		Registration Se Division of Co			
Division of Corporations P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ddfashions, LLC					
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company))			
The Articles of Organization for this Limited Liability Company Florida document number L14000017091	were filed on January 30, 2014	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	5335 N Military Trail # 33	<u>~ ~3</u>			
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach	121			
	FI 33407				
		1			
Enter new mailing address, if applicable:	5335 N Military Trail #33	<u>P</u>			
(Mailing address MAY BE A POST OFFICE BOX)	West palm Beach	1 2			
	FI 33407	9.5			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter ti</u>	ne name of the new registered			
	, Flor	ida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	l I am familiar with and S. Or, if this document is			

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
			□Remove
			□Change
			DAdd
			Remove
			Change
			DAdd ~?
			□Remove
			☐ Change
			□ Add 299 □ Remove: □ Change □ □ Add □ □ ○ ○ ○
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			□Change
		<u> </u>	
			□Remove
			[] Change

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ated June 2	ocument's effective date	on the Department	not meet the appi t of State's record	icable statuto ls.	ry ming require	ments, this date	will not be fisiou a
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Filing Fee: \$25.00