## L14000021720

(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Exclife Vana Tam & Dickband Y World Wild Comme of Limited Liability Company (ied Clothing LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jamar Johnson Name of Person
Word Widemonder + 1 Fied Chothing LIC Address
Clear City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimber ly Johnson at 727 Look-02673  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy  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

Vardlife Vania Formany CERIFIE Company CERIFIE CONTRACTION OF THE CONT	t Dic Kbangy Was it now appears on our records.) bility (Sompany)  2 - 7 - 14	vorld	
The Articles of Organization for this Limited Liability Company w Florida document number 114000 21726	ere filed on 1400071	7 Zand assigned	
This amendment is submitted to amend the following:		THE	. Worl
A. If amending name, enter the new name of the limited liability  A Life / Vania + amending DCK  The new name must be distinguishable and end with the words "Limited Liability  Enter new principal offices address, if applicable:	may Worthwice	te Certif	<u>J</u> ied
(Principal office address MUST BE A STREET ADDRESS)			-
Enter new mailing address, if applicable:	<i>j</i> .		-
(Mailing address MAY BE A POST OFFICE BOX)		ZOIN MAY	- ' -
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	r the name of the	•
Name of New Registered Agent:  New Registered Office Address:		AND A	-
	Enter Florida street address		_
	, Florida _	Zin 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager ·

AMBR = Au	thorized Member		
Title	<u>Name</u>	Address	Type of Action
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		Clearwher, F133	Remove
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Page 3 of 3

Filing Fee: \$25.00

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