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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Shooting Name of Lim	1 SMaS & dited Liability Company	- Acassones 2
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
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	_Chants	Name of Person	2
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	Shortque Short Accessories & Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. Spondence concerning this matter to the following: Chantalle Moline Name of Person Shortque Short Accessories CLC Firm/Company Address Caca to Bravard Ave Address Caca to City/State and Zip Code B-mail address: (to be used for future annual report notification) ne concerning this matter, please call: Ile Moline at (321) Area Code Daytime Telephone Number r the following amount: \$\Begin{align*} \text{Stories} & \Begin{align*} \text{Stories} &		
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Enclosed is a check for	the following amount:	endment and fee(s) are submitted for filing. Ince concerning this matter to the following: Chantalla Molina Name of Person Shootague Shoosa Accessories CLC Name of Person Shootague Shoosa Accessories CLC Firm/Company Address Caca, Fr. 32-92 City/State and Zip Code Deach Dunary Shootague Shootague Grining this matter, please call: And Inc. Molina at (321) 458-03/9 Area Code Daytime Telephone Number Sollowing amount: 1 330.00 Filing Fee & Certified Copy (additional copy is enclosed)	
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

18 SEP 12 AH 11: 10

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager 18 SEP 12 AM/11: 10 AMBR = Authorized Member <u>Title</u> **Name Address** Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change

_	Inding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	Saptanbar 10th 2018
	Signature of a member or authorized representative of a member
	Chartette Moline

Page 3 of 3

Filing Fee: \$25.00