## 140000 99657

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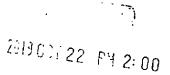
R. WHITE NOV 1 2 2019

## **COVER LETTER**

	Registration Sec Division of Corp		·	•				
		OLLECTION, LLC						
SUBJEC	Name of Limited Liability Company							
The enck	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.					
Please re	turn all correspon	dence concerning this matter t	to the following:					
		HECTOR A MONTIEL C	ALMON					
			Name of Person					
			Firm/Company					
		245 NE 14 ST APT 3403						
		<del></del>	Address	***				
		MIAMI, FL 33132						
			City/State and Zip Code					
		E-mail address. (t	to be used for future annual report notifi	cation)				
For furth	ner information co	oncerning this matter, please ca	all:					
несто	R A MONTIEL (	CALMON	786 867-0529					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclosed	d is a check for th	e following amount:						
<b>■ \$</b> 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



TRENDY COLLECTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li Florida document number L14000099657	ability Company	were filed on $\frac{06/23/20}{}$	14 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		245 NW 14 ST APT 3403	
(Principal office address MUST BE A STREE	T ADDRESS)	MIAMI FL 33132	
Enter new mailing address, if applicable:		245 NW 14 ST APT 3403	
(Mailing address MAY BE A POST OFFICE)	<u>BON)</u>	MIAMI FL 33132	
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:	fice address here		records, enter the name of the new
New Registered Office Address:	245 NW 14 ST APT 3403		
the regime of vitte statics.	Enter Florida street address		
	МІАМІ	- m	, Florida 33132 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing R			
I hereby accept the appointment as registered provisions of all statutes relative to the properacept the obligations of my position as registeing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified.	r and complete stered agent as p registered office	performance of my di provided for in Chapto address, I hereby con	ities, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signiture 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	RUBEN D MARQUEZ	PO BOX 140162	□ Add
		CORAL GABLES FL 33114	_ ■ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
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	10/09/2019
(If an eff Note:	(optional) ective date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
the reo	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $lpha$ 90th day after the record is filed.
Dated	10/09 2019  Signature 201 a momber for authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00