# L14000143005

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(Cit	y/State/Zip/Phone	<del>:</del> #)
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TO: Registration So Division of Con		<b></b>	- <b>€</b> 53 <sup>3</sup>
SUBJECT:	hloris Apporel Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alexan	dra Winters Name of Person	
	261 Deer Croek	Firm/Company  Blvd #1205 Deeffield  Address	Beach, Fl. 33442
	Alexandrawiate	City/State and Zip Code  COO Common C	ication)
For further information of	concerning this matter, please c		
Alexandra (D)	intess f Person	at (C) 363 Ol Area Code Daytime	Telephone Number
Enclosed is a check for t	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 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**

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ARTICI	LES OF ORGANIZATION	(5) (1)
	OF	196 To 18 .
		ATTENDED OF THE PORT OF THE PO
Oblavia Acomal	440	700
Chlorio Hoperel (Name of the Limited L	iability Company as it now appears on our records.)	
(A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	700
The Articles of Organization for this Limited Liabil	ity Commony were fled on \\\\	
		and assigned
Florida document number <u>2140001430</u>	<u> 205</u> .	
This amendment is submitted to amend the followir	ng:	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
	_	
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
		· ··-
Enter new mailing address if applicable		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or i	registered office address on our records, <u>e</u>	nter the name of the new
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
Traine of them registered rigette.		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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** = Authorized Member <u>Title</u> Name **Address** Type of Action Jone Winters agi Deer Creek Blvd #1205 - Add Dearfield bob, FI 33412 □ Add \_\_\_\_\_ Remove \_\_\_\_ Remove □ Add ☐ Remove □ Add \_\_□ Remove ☐ Add □ Remove

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Page 3 of 3

Filing Fee: \$25.00