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## **COVER LETTER**

TO: Registration Se Division of Cor				•
Amour Crea	ations by G'Bre, LLC			•
SUBJECT:		ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Sebrena Yvette Parrish			
		Name of Person		
	Amour Creations by G'Bre	, LLC		
		Firm/Company	•	
	1523 Eddings Grove Lane			
		Address		
	Jacksonville, Fl 32221			
		City/State and Zip Code		
	amourcreations@yahoo.cor	n to be used for future annual report notifier		
For further information c	oncerning this matter, please c	·	11(71)	
Sebrena Parrish	-	877 866-7101 at ()	1A. 28	
Name o	f Person	Area Code Daytime T	Telephone Number Co	FILED
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)	S60.00 Filting Fee, U Certificate of Status & Certified Copy (additional only is enclosed)	Ö

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

Amour Creations by G'Bre LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco	<u>rds.</u> )
The Articles of Organization for this Limited Liability Compa	any were filed on 01/08/17	and assigned
Florida document number L15000015516		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ALCO THE
<u> Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
		SS -
		The Total
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	*****	22 5. (13)
		**************************************
If arranding the production of and/or position of		ula antou the name of the
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address leadings.		us, enter the name of the
Name of New Registered Agent:		
New Provinces LOSS ALL		
New Registered Office Address:	Enter Florida street addi	ress
	,	Florida
	City ,	Zip 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 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
CEO	Sebrena Y Parrish	1523 Eddings Grove Lane	<b>■</b> Add
		Jacksonville, Fl 32221	☐ Remove
			■ Change
MGR	Gregory C Parrish	1523 Eddings Grove Lane	
		Jacksonville, FI 32221	■ Remove
			☐ Change
MGR	Richard T Braswell	1523 Eddings Grove Lane	
		Jacksonville, Fl 32221	□ Remove
			☐ Change
AMBR	Barry B Brown	1523 Eddings Grove Lane	Add
		Jacksonville, Fl 32221	Add  Remove
			SSE Change
AP	Thabathia J Parrish	1523 Eddings Grove Lane	B E Add
		Jacksonville, Fl 32221	Remove
			Change
<del></del>	Thabathia J Parrish		Add
·			■ Remove
			□ Change

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Filing Fee: \$25.00