

L180000 77874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

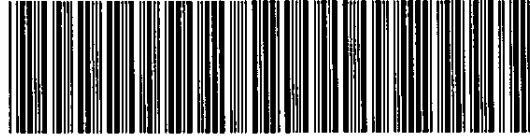
(Business Entity Name)

(Document Number)

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15 MAY - 7 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kashmir Fashion and Hair Supply LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daina Bennett  
Name of Person

Firm/Company

1740 SE Port St Lucie Blvd  
Address

Port St Lucie FL 34950  
City/State and Zip Code

Kashmir Fashion 79@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daina Bennett at (772) 626-7279  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Kashmir Fashion and Hair Supply 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 Liability Company were filed on 2-24-15 and assigned  
Florida document number L15000033874

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1740 SE Port St Lucie Blvd.  
Port St Lucie FL  
34950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1740 SE Port St Lucie Blvd.  
Port St Lucie FL  
34950

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Marlon Morgan

New Registered Office Address:

922 SE Damask Ave

Enter Florida street address

Port St Lucie

City

Florida

15 MAY - 7 PM  
SECRETARY  
TALLAHASSEE  
FLORIDA  
34983  
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.*

M. Morgan  
If Changing Registered Agent, Signature of New Registered Agent

D. Benn

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marlon Morgan	922 SE Damask Ave	<input checked="" type="checkbox"/> Add
		Port St Lucie FL	<input type="checkbox"/> Remove
		34983	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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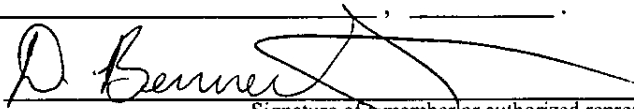
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Daina Bennett

Typed or printed name of signee

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Filing Fee: \$25.00

FILED  
15 MAY - 7 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA