L15000090200

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	· #)
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15 JUN -4 AN II: 55
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T. HAMPTO:

COVER LETTER

Division of Cor	porations
VOOM FA SUBJECT:	SHION, LLC
SUBJECT:	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:
·	JUAN A FIGUEROA
	Name of Person
	JUAN A FIGUEROA PA CPA
	Firm/Company
	1428 BRICKELL AVENUE SUITE 206
	Address
	MIAMI, FLORIDA 33131
	City/State and Zip Code
	CARMEN@JAFCPA.COM E-mail address: (to be used for future annual report notification)
	·
For further information co	ncerning this matter, please call:
JUAN A FIGUEROA	305 448-5844
Name of	Person Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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**

VOOM FASHIONS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MARCH 4, 2015	and assigned
lorida document number L15000090200		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	FE & TI
Principal office address MUST BE A STREET ADDRESS)		至
		SS F
		E.F.ST
Inter new mailing address, if applicable:	<u></u>	222 U
Mailing address MAY BE A POST OFFICE BOX)		8F 5
s. If amending the registered agent and/or registered of		r the name of the n
egistered agent and/or the new registered office address her	<u>e</u> :	
Name of Navy Pacintaged Assets		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	Zip Code
	Citv	

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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>	Address	Type of Action
AMBR	JUAN A FIGUEROA	1428 BRICKELL AVENUE	■ Add
		STE 206 MIAMI, FL. 33131	□ Remove
			Change
		- V	Add
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Effective date, if other than the defeat effective date is listed, the date must be a listed. If the date inserted in this block document's effective date on the Dep	late of filing: be specific and cannot k does not meet the	ot be prior to date of the applicable sta	of filing or more than 90 tutory filing requires	(optional) days after filing.)	Pursuant to 60	- 5.0207 ted as
				10.01	on the earl	ier of
		but not an e	ffective time, at	12:01 a.m. (on the curr	
The 90th day after the recordated JUNE 1			ffective time, at	12:01 a.m. 6	15 JUN SECRE	energy and a
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Filing Fee: \$25.00