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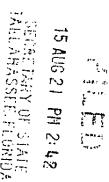
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AUG 2 4 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEWTRENDS CLOTHING 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:
SAM FRANCIS Name of Person
NEW TRENDS CLOTHING LLC Firm/Company
3831 WEST VINE ST SUITE 26
KISSIMMEE FL 34741 City/State and Zip Code
NEWTRENDSCLOTHINGLE COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (41), 978 6652 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

NEWTRENDS CLOTHING LLC

(Name of the Limited	Liability Company Florida Limited Lial	as it now a bility Comp	ppears on our reco any)	<u>ords.</u>)		
The Articles of Organization for this Limited Lial Florida document number \(\(\L \) \(\D \) \(\D \) \(\Q \)	oility Company w	ere filed o	n <u>05-28</u>	2015	and ass	signed
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabilit	y compa	ny here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company.	'the designation "L	LC" or the abbrevi	ation "L.	ī.c."
Enter new principal offices address, if applical	ole:				5	
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	AUG	
	-			888 860 600	2 PH	y m y no y mos s ys
Enter new mailing address, if applicable:	-					5 2 2
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u> .			ORIUA	150 150	
B. If amending the registered agent and/or registered agent and/or the new registered office.		ce addres	s on our reco	rds, <u>enter the</u>	name	of the new
Name of New Registered Agent:	SAM	FRI	NCIS			
New Registered Office Address:	3831 M		VINE S er Florida street add		<u>E.</u>	<u> </u>
	KISSIM	MEE_	,	Florida 34-	HU 1 ip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:					

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SAM FRANCIJ	3831 W. VINE ST Suite	26 DAdd
		KISSIMMEE FC 347	U1_□ Remove
			Change
MGR	DANIELLE BIGGE	PS 3831 Wed Vine St	
		Suite 26	Remove
		Add	-
			Add
			Remove
			☐ Change
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n effective date is listed te: If the date insert	er than the date of f , the date must be specificed in this block does nate on the Department	ic and cannot be pri- not meet the appl	icable statutory	or more than 90 days	p ptional) after filing.) Pu this date will	rsuant to	605.02 listed
	a delayed effectiver the record is file		not an effectiv	/e time, at 12:0)1 a.m. on	the ea	arlier
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Filing Fee: \$25.00