## L15000206729

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## COVER LETTER

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ES CLOTHING & APPAREL	LLC	
Name of Lim	ited Liability Company	
TRACEY MORGAN		
	Name of Person	<del></del>
N/A		
	Firm/Company	-1 - 11
314 WILSON DRIVE		
	Address	3 7 7 7
INTERLACHEN, FL 3214	48	20 PH
THE CAN OBCENTED OV	City/State and Zip Code	125
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concerning this matter, please c	all:	<b>,</b> '
	904 824-0363	
of Person	Area Code Daytime	Telephone Number
the following amount:		
Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy in enclosed)
	TRACEY MORGAN  NAME of Lim  Amendment and fee(s) are subsondence concerning this matter  TRACEY MORGAN  N/A  314 WILSON DRIVE  INTERLACHEN, FL 3214  THECOLORCENTER@Y  E-mail address: (concerning this matter, please of Person  the following amount:  LI \$30.00 Filing Fee &	ES CLOTHING & APPAREL LLC  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  TRACEY MORGAN  Name of Person  N/A  Firm/Company  314 WILSON DRIVE  Address  INTERLACHEN, FL 32148  City/State and Zip Code  THECOLORCENTER@YAHOO.COM  E-mail address: (to be used for future annual report notificencerning this matter, please call:  904 824-0363  at (

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

115 STYLES CLOTHING & APPAREL LIC	
(Name of the Limited Liability Compan (A Florida Limited Li	isbility Company)
The Articles of Organization for this Limited Liability Company of Florida document number L15000206729	were filed on 12/11/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
DESIGN SAVVY OUTLET, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	216-8 St. Johns Ave
(Principal office address MUST BE A STREET ADDRESS)	Palatha FL 32177
Enter new mailing address, if applicable:	APR 20
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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>	Name	Address	Type of Action		
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Typed or printed name of signee

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