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TALLAHASSEE, TLORIDA

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COVER LETTER

Division of Cor	porations			
Sins Closet,	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Veronica Anderson, Esqui	ге		
		Name of Person		
	Anderson and Associates,	P.A.		
		Firm/Company		
	1339 W. Colonial Drive			
		Address		
	Orlando, FL 32804			
		City/State and Zip Code		
	sinscloset@hotmail.com			
	E-mail address: (to be used for future annual report notific	ration)	2[
For further information c	oncerning this matter, please ca	all:	50	2016 HAR
Veronica Anderson		407 843-9901 at ()	E TAR	
Name o	f Person	Area Code Daytime	Telephone Number	T
Enclosed is a check for the	ne following amount:		FLORID!	A II: 49
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co (additional cop	of Status &

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

Sins Closet, LLC				
(Name of the Lim	ited Liability Com (A Florida Limite	ipany as it now appears on our records. ed Liability Company))	
The Articles of Organization for this Limited I	Liability Compa	ny were filed on Feb. 19, 2016	;	and assigned
lorida document number L16000035758				
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited li	ability company here:		
N/A				
he new name must be distinguishable and contain the	words "Limited Lia	ability Company." the designation "LLC"	or the abbrevia	ation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:		Post Office Box 180129		
Mailing address MAY BE A POST OFFICE	C DAV	Casselberry, Florida 32718-0129)	
muting duaress MAT BLATOST OFFICE	<u> </u>			· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and registered agent and/or the new registered			, c - c - c - c - c - c - c - c - c -	****
·		··········	新	enterior.
Name of New Registered Agent:	N/A		SSEE	1 2 2 2
New Registered Office Address:		Enter Florida street address	E. FLOR	
			OF T	
		City , 1 101		in 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>	Address		Type of Action
				Add
				□ Remove
				Change
				Add
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			2016 MAH 21 SECRLTARY TALLAHASSE	Remove
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			A II: 49	□ Add
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Address Changed to: 1400 Lake	Shore Drive, Casselberry, FL 32707		
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	specific and cannot be prior to date of filing		filing.) Pursuant to 605.0
e: If the date inserted in this block interpreted in the Department's effective date on the Department.	does not meet the applicable statutory terment of State's records.	filing requirements, this	date will not be listed
	fective date, but not an effective	ve time, at 12:01 a	.m. on the earlie
ne 90th day after the record	is filed.		
March 7	2016	7 0	22
ed	·		2016 MAR

Page 3 of 3

Filing Fee: \$25.00