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SCRETARY OF STATE

S WarrenJAN 25 2017

COVER LETTER ...

TO: Registration Sec Division of Corp			
SUBJECT: <u>Fash</u>	Vn FOVEVELLI Name of Limit	tted Liability Company	
	Amendment and fee(s) are sub-	_	
Please return all correspon	ndence concerning this matter	to the following:	
	Chelsca	Rickman Name of Person	
		_	
	<u>fashian</u>	Firm/Company	
	2188 NW 2	Coth five NOW	
	mami	FL 33 42 City/State and Zip Code	·
	FOSILIAM BOY	NOS DULFAS WINCH to be used for future annual report notifi	gmail.com
For further information co	oncerning this matter, please ca	all:	
Chelsea R Name of	Person	at (754) <u>204 V (</u> Area Code) Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.90 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

fashian tovever	ill
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	company were filed on 3115116 and assigned
Florida document number L160000527	79
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit BOND SOUL VLC	ited liability company here:
<u></u>	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2188 NW 26th AVE
(Principal office address MUST BE A STREET ADDR	1004 A 104 1 4 CL 22 MO
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office add	
	ielsea Rickman
New Registered Office Address: 21	66 NW 26th AVC Enter Florida street address
<u> M</u> ı	City, Florida 35142
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered as	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ad office address, I hereby confirm that the limited liability

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agen

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Max AMBR = Aa	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			Remove
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	e date, if other than the date	e of filing:	(op	tional) ter filing \ Pursuant to 605 020
l Tectiv e an effect	the date inserted in this block d	loes not meet the applicable statute	ory filing requirements, t	his date will not be listed a
an effec lote: If		ment of State's records.		
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Filing Fee: \$25.00