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(Re	equestor's Name)	• ,	
(Ad	ldress)		
(Ac	idress)		
(Cir	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ASHIONS, LLC		
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	ELAINE LOPEZ		
		Name of Person	
	TEKNO FASHIONS, LLC		
	 	Firm/Company	
	14133 RUTGERS AVENU	JE	
		Address	
	ORLANDO, FL 32826		
		City/State and Zip Code	
	CONSULTING4YOU@AC		
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
ELAINE LOPEZ		321 436-1800 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fcc	□ \$30.00 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, F1, 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

2016 MAR 25 PM 4: 48

TEKNO FASHIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

		MANAGE STATE
The Articles of Organization for this Limited Liabil	ity Company were filed on MARCH 1	7, 2016 and assigned
Florida document number L16000054835		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on our re address here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
_		_, Florida
	City	Zip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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Effect	ive date, if other than fective date is listed, the date	the date of filing: must be specific and cannot be prior to de	opti ate of filing or more than 90 days afte	onal) r filing.) Pursuant to 605.0207 (1
Note:	If the date inserted in thi	s block does not meet the applicable e Department of State's records.	statutory filing requirements, thi	s date will not be listed as the
	cord specifies a dela 90th day after the	yed effective date, but not ar record is filed.	n effective time, at 12:01	a.m. on the earlier of:
Dated	March 22	2016		
Dated	· Q N «	2 500		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00