Florida Department of State

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To:

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From:

: EPGD ATTORNEYS AT LAW, P.A. Account Name

Account Number : 120140000049 : (786)837-6787 Phone Fax Number : (305)718-0687

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARTFUL FASHIONS, LLC

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Corporate Filing Menu

Help

S. WARREN

COVER LETTER

TO:		ation Secti n of Corpo			
CUDU		RTFUL FA	SHIONS, LLC		
SUBJ	.c.,		Name of Limi	red Liability Company	
The en	closed Ar	ticles of Ar	nendment and fee(s) are subi	nitted for filing.	
Please	return all	correspond	ence concerning this matter	to the following:	
			Eric P. Gros-Dubois		
				Name of Person	
			EPGD Attorneys at Law, P	.A.	
		Firm/Company			
			2701 Ponce de Leon Blvd., Suite 202		
		Address			
			Coral Gables, FL 33134		
				City/State and Zip Code	
			eric@epgdlaw.com		
			E-mail address: (1	to be used for future annual report not	ification)
For fu	nther infor	mation con	cerning this matter, please ca	ıll:	
Erlc P	. Gros-Du	bois		786 837-6787	
		Name of P	erson		ne Telephone Number
Enclos	sed is a cho	ck for the	following amount:		
≅ \$2	5.00 Filin	g Fcc	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certifled 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

ARTFUL FASHIONS, LLC					
(Name of the Limite	d Liability Company A Florida Limited Lia	y as it now appears on o ability Company)	ur records.)		
The Articles of Organization for this Limited Liz Florida document number L16000067451	ability Company w	vere filed on <u>04/05/20</u>)16	and ass	igned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabili	tv company here:			
The new name must be distinguishable and contain the we	ords "Limited Liability	y Company," the designa	tion "LLC" or the	abbreviation "L.	IC."
Enter new principal offices address, if applica	able:			·	
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or the new registered of	or registered offi	ą	records, ente	r the name	of the new
Name of New Registered Agent:					
New Registered Office Address:	2701 Ponce de L	con Blvd., Suite 202 Enter Florida str	cust Address		
	Coral Gables		, Florida	ATTA SE	-
		City		Zip Code	=======================================
New Registered Agent's Signature, if changing R	legistered Agent:			SEE SEE	<u> </u>
I hereby accept the appointment as registered provisions of all statutes relative to the propo- accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this	er and complete p stered agent as pr egistered office a	erformance of my a covided for in Chapt	luties, and 1 an ter 605, F.S. O	n familiar स्मा)r, 拉ints deep	h and iment is

Page 1 of 3

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

Title	Name	<u>Address</u>	Type of Action
MGR	Roxana Sora	2332 GALIANO STREET	D Add
		Coral Gables, FL 33134	■ Remove
			Change
MGR	Efrain Sora	2332 GALIANO STREET	□ Add
		Coral Gables, FL 33134	■ Remove
			□ Change
P	Roxuna Sora	2332 GALIANÖ STREET	⊑ Add
		Coral Gables, FL 33134	☐ Remove
			Change
VP	Efrain Sora	2332 GALIANO STREET	₩ Add
		Coral Gables, FL 33134	☐ Remove
			☐ Change
		- 	Add
	•		Remove
		· ·	, , ,
			25dam Jorove ASSEE, FLORIDA

	¥	
		
ctive date, if other than the date	of filing:	(optional)
: Rective date is listed, the date must be sp : If the date inserted in this block do	of filing: ccific and cannot be prior to date of filing or more than ccs not meet the applicable statutory filing requirement of State's records	90 days after filing.) Pursuant to 605.0 rements, this date will not be listed
ment's effective date on the Departm	ient of State 3 records.	
ecord specifies a delayed effe	ective date, but not an effective time, a	at 12:01 a.m. on the earlier
e 90th day after the record is	s mea,	
d September 25	2017	
	GINA	TAE SEC
Signa	ture of a member or authorized representative of a me	imber A
		A A
Eric P. Gros-Dubois		
Eric P. Gros-Dubois	Typed or printed name of signee	m
Eric P. Gros-Dubois	Typed or printed name of signee Page 3 of 3	mc _ n