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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARTHA ACUA LIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Martha Acuma Name of Person
Firm/Company
888 6Bcayne Uvd apt 4508
Miami Fl 33132 City/State and Zip Code
In to gmathaacona sportwear. Confinition
For further information concerning this matter, please call:
Martha Acona at (1) (786)3993542 Name of Person at (1) (786)3993542
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\begin{align*} \begin{align*} \b
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTHA AC	WA'A	كبـــ		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L160 001388</u> 6	were filed on <u>JULY</u>	25, 20K	pand assigned	d &:0
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab Martha Acona Sp The new name must be distinguishable and contain the words "Limited Labi	ort Wear	LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applicable:	1195 NW	Flot		
(Principal office address MUST BE A STREET ADDRESS)	Miami F	1,33	150	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1195 NW	71 St		1
	Hiani :	1,3	312O	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		eords, <u>enter the</u>	26.25 26.25	he new
Name of New Registered Agent:		- A	MAY 30	
New Registered Office Address:	Enter Florida street a	delenes		-ITI
	ъпит гилиа мтеч и	0	<u>, </u>	D
	City	_ Florida	Zip Codas	

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 **Title** <u>Name</u> Address **Type of Action** □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove □ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change

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