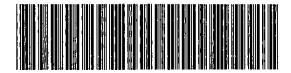
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## **COVER LETTER**

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oub to	om.		AYA'S CLOSET, LLC.						
SUBJEC	CT: .		Name of Lim	ited Liability Company	<del></del>				
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn	all correspor	ndence concerning this matter	to the following:					
			JACOB J. LINHART, ESO	5					
				Name of Person					
			LAW OFFICES OF JACC	B J. LINHART, P.A.					
				Firm/Company 6586 HYPOLUXO ROAD, # 261					
			6586 HYPOLUXO ROAE						
			Address						
			LAKE WORTH, FL 3346	7					
		Alem No. 1	JACOB@LINHARTLAW.	City/State and Zip Code COM to be used for future annual report noti	. <del> </del>				
			. E-mail address: (	to be used for future annual report noti	fication)				
For furtl	ner in	formation co	oncerning this matter, please ca	all:					
JACOB	LIN	HART		561 632-6982					
		Name of	Person	at () Area Code Daytim	e Telephone Number				
Enclose	d is a	check for the	e following amount:						
\$25.	.00 F	iling Fee	□ \$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)				
		Registra	NG ADDRESS:	STREET/COURI Registration Section	on				

13 1

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

2017 APR -3 PM 2: 44

SEUNETARY OF STATE
ORION

AMY & SHAYA'S CLOSET, LLC

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

(Name of the Lim	(A Florida Lin	inted Liability Company)	ASSEE, FLORING
The Articles of Organization for this Limited I Florida document number L17000068899		pany were filed on MARCH 27, 2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
AMY & SHAYNA'S CLOSET, LLC			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRES.	<u>S)</u>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	EBOX)		1 12 A TRACTOR
B. If amending the registered agent and registered agent and/or the new registered of			ter the name of the nev
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		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

MGR = M	from our records: anager uthorized Member	FILE 2017 APR -3 PM	D
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Typed or printed name of signee

Filing Fee: \$25.00