L17000085930

(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor		ì	
CFID F		ER'S FASHION LLC		
SUBJI	r.C1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please	return all correspo	indence concerning this matter	to the following:	
		ELZYATA BADMAEVA		
			Name of Person	
		GOLDIGGER'S FASHIO	N LLC	
			Firm/Company	
		1835 E HALLANDALE B	BEACH #140	
			Address	
		HALANDALE BEACH F	1,33009	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		GOLDIGGERSFASHION	@GMAIL.COM to be used for future annual report notific	ting)
For fu	rther information c	oncerning this matter, please c		cation)
ELZY	ATA BADMAEV	A	786 3551909 at ()	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 Filing 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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000085930</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	45-46-47-47-47-47
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our re	ecords, enter the name of the
		LORA CONTRACTOR
Name of New Registered Agent:		4.9
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CONTRACTOR DE LA CHIONELLE

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

<u>Title</u>	Name	Address	<u>1 ype of Action</u>
MGR	TIARA MACELLARO	7951 NE BAYSHORE CT UNIT 9	
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			Add
			Remove
			Change
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Filing Fee: \$25.00