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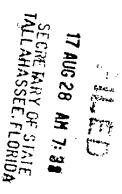
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| Email address: (to be used for future annual report notification) Name of Person Lota S Closet LLC Name of Limited Liability Company Email correspondence concerning this matter to the following: Dina Rich Name of Person Lota's Closet LLC Firm/Company PO Box II Address Lotas Lister Lis |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Dina Rich Name of Person |
| And S Closet LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. See return all correspondence concerning this matter to the following: Dina Rich Name of Person Kota's Closet UC Firm/Company PO Box II Address Howey in the hills FL 34737 City/State and Zip Code Lotas Closet @ Yahoo. Com E-mail address: (to be used for future anhual report notification) Further information concerning this matter, please call: DinaRich Name of Person Area Code Daytime Telephone Number osed is a check for the following amount: |
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| For further information concerning this matter, please can: |
| Name of Person at (352) SS2 - 199 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, 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

| · Kota | a's C | losed UC | | | | |
|---|--|---|--------------------|---------------------|----------|-------------|
| (Name of the Limited (A | Liability Compa Florida Limited I | ny as it now appears on our Liability Company) | records. | | _ | |
| The Articles of Organization for this Limited Liabs | rganization for this Limited Liability Company were filed on 52 2017 and assigned number 1700097297 is submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ipal offices address, if applicable: address MUST BE A STREET ADDRESS) In gaddress, if applicable: MAY BE A POST OFFICE BOX) If the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: | | | | | |
| This amendment is submitted to amend the following | ing: | | | | | |
| A. If amending name, enter the new name of th | ne limited liab | ility company here: | | | | |
| The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A | le: | lity Company," the designation | a "LLC" or the | : abbreviation | "L.L.C." | - - - |
| Enter new mailing address, if applicable: | | | | | | _ |
| (Mailing address MAY BE A POST OFFICE BO | <u>)X)</u> | | | | | _ |
| B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent: | | | ecords, <u>ent</u> | SECRETAL ALLAHAS | 17 Alico | new |
| New Registered Office Address: | | | | ° SEE | O given | _ |
| | | Enter Florida street | address, Florida | FLOR | | _ |
| | | City | | Sm Ziped | ode | |

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 = At | uthorized Member | |
|--------------|------------------|-------------------------------------|
| <u>Title</u> | <u>Name</u> | Address N Buckhill Rd Type of Actio |
| AMBR | Jarvis D Finch | PoBox 39 XAdd |
| | 100/ | Haway in the hills Remove |
| | 10% | FL 34737 Change |
| AMBR | Dina MRich | 22935 N Buckhill Bd Add |
| | | Howay in the hills Remove |
| | 90% | FL 34737 Change |
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| ffective date, if other that an effective date is listed, the da | n the date of filing: | unnot be prior to date | of filing or more than | (optional) | Pursuant to 6 | 05.0207 |
| Note: If the date inserted in the document's effective date on | his block does not mee | et the applicable st | atutory filing requi | rements, this date w | vill not be li | sted as |
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Filing Fee: \$25.00