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SEP 2 4 2020 S. YOUNG

COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: CITY STYLITZ Urban Apparel LLC. Name of Limited Liability Compan)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
House of Dims LLC.
146 Fishermans Cove Or
Followater FL 32141 City/State and Zip Code
house of dimes gmoul. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dominique WOOD =1,386, 689 -6208
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \tag{ \text{Certified Copy (additional copy is enclosed)} } \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITY STRUTZ Urban Apparel LLC.

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con	mpany were filed on 5/17/1	7 and assigned
Florida document number <u>LNC00109 229</u>	8	- T
This amendment is submitted to amend the following:		See 5 m
A. If amending name, enter the new name of the limited	d liability company here:	是ロ
HOUSE OF DIMES L	LC.	0.0
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES)	ss) <u>1757 N.N</u> Swt 108 HOILY HILL	FL 32124
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	<u> </u>
	, Flo	orida Zip Code
		zą coue

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 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>	<u>Name</u>		Address		Type of Action
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effective date is l te: If the date in	other than the date listed, the date must be spenserted in this block do we date on the Departm	ecific and cannot be prior ses not meet the applic	to date of filing or more cable statutory filing r) Pursuant to 605,020
cord specifies a s filed.	delayed effective date,	, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
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	Signat	ture of a member or auth	orized representative of	a member	