## L17000110585

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D. BRUCF JUN 02 2017

## **COVER LETTER**

TO:	Registration Section Division of Corp						
SUBJECT: FOFA LLC  Name of Limited Liability Company						·	
The er	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please	return all correspon	dence concerning this matter	to the following:				
		AUA	N G. C(	น			
			Name of Person				
	Firm/Company						
		_ 2147 AS	HEY LAKE	5 0R_			
			Address				
			SSA, FL 33 City/Slate and Zip Coo	556 ic			
			egacil. conto be used for future annu	<b>^1</b>	20)		
For fu	rther information co	encerning this matter, please co		aa report notriicane	л.,	<del></del>	
<del></del>	JUAU	G. CRUZ	at(_813_)	310 - L Daytime Tele	038	2011 JUN - 2 SECRETARY TALLAHASSEI	~13
	Name of	Person	Area Code	Daytime Tele	phone Number	JUN -	FILE
Enclo	sed is a check for the	e following amount:				2 P SEE.F	ш
86 5:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		S60.00 Filing Certificate of Certified Co (additional copy		D

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

<b>F07</b>	A LLC			
(Name of the Limited Liah) (A Flori	lity Company as it now appears on da Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	5-18-17	and assig	ned
Florida document number <u>L17000110585</u>	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin				
The new name must be distinguishable and contain the words "L	PPAREL LLC	nation "I I C" or the ab	breviation "L.L.	
	mined classics company, the design			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ac  Name of New Registered Agent:  New Registered Office Address:		r records, <u>enter</u>	ECRETAR LAHASS	Sthe new
TAN INEGISIONE OF THE PROPERTY.	Enter Florida	street address		<del>"—</del>
		, Florida		ņ Ο
<del></del>	City		Zifi Code	<u> </u>
New Registered Agent's Signature, if changing Registe	red Agent:			
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change.	l complete performance of my l agent as provided for in Cha ered office address, I hereby o	duties, and I am j pter 605, F.S. Or,	familiar with if this docur	and nent is
	If Changing Registered Agent	, Signature of New Re	gistered Agent	<u> </u>

Page 1 of 3

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 **Type of Action** Address **Title** Name \_□ Add \_□ Remove \_□ Change \_□ Add □ Remove \_□ Change \_ Add \_□ Remove ☐ Change □ Add Add

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ALLAHASSEE FLORIDA

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fective date	e, if other than tl	ne date of filing:			(optional)	➣	
n effective dat	te is listed, the date m	ust be specific and c	annot be prior to date	of filing or more than	90 days after filing	.) Pursuant to 605.0207 ( will not be listed as the	3)(t
cument's eff	fective date on the	Department of Sta	te's records.	antowny mmg requit	ements, this date	will not be listed as the	ıc
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Filing Fee: \$25.00