# 117000174661

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## **COVER LETTER**

TO: Registration S Division of Co			
POETIC I	FLOW CLOTHING, LLC		÷
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	IRIS V ALMA JOSE		
		Name of Person	
	POETIC FLOW CLOTH!	NG, LLC	
		Firm/Company	
14 KINGS COLONY COURT			
		Address	
	PALM COAST, FL 32137	,	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	icyalmajose@gmail.com		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ali:	
IRIS V ALMA JOS	E	386 503-3010 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 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)

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**

F	ILEU
· 4K/V	_
TALLAHASS	6 PM 2:58
) "/435	E.FLOSTATE

POETIC FLOW CLOTHING, LLC

(A Florida L	imited Liability Company)	SEE. FLORIDA
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number L17000174661	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on our records, <u>e</u> ss here:	nter the name of the no
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
<del></del>	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
AP	EUGENE BIZZELL	14 KINGS COLONY COURT	□ Add
		PALM COAST, FL 32137	■ Remove
			Change
AP/MGR	IRIS V ALMA JOSE	14 KINGS COLONY COURT	<b>=</b> Add
		PALM COAST, FL 32137	Remove
			Change
			TABLE REMOVE
<del></del>			PM 2: 58
			Change
			Add
			Remove
			Change
			Remove
·			□ Change

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ffective	e date, if other than the date of filing: (optional)
an effect	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumen	it's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the day after the record is filed.
me 9	our day after the record is filed.
ated	NOVEMBER 3 2017
raicu	$\frac{1}{C}$
	The Dul Birell
	Signature of a member or authorized representative of a member
	EUGENE BIZZELL
	Typed or printed name of signee

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Filing Fee: \$25.00