117000217790

Office Use Only



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01/19/18--01016--019 **25.08

TALLAHASSEE. FLORIDA

COVER LETTER

SUBJECT:	She is Bomb collection LLC	
	Name of Limited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	Dencel Samuels Name of Person	
	She is bomb correction LLC	
	3821 Hallandare Bon Blad	
	West Park fl 33023	
	West Park F1 33023 City/State and Zip Code booking the bosss@gmail-Can E-mail address: (to be used for future annual report notification)	
For further inform	mation concerning this matter, please call:	
Dene	el Samuels at (754) 244 7824 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a che-	eck for the following amount:	
\$25.00 Filing	g Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 \text{ Filing Fee.}\$\$ Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

_ She is born &	o Collection 11C
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L1700021779</u>	were filed on 10 20 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	——— — → → ✓
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	SECRETARY OF STANLIAHASSEE FLO
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	ncel Samuels
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code

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 = Authorized Member Title Name Address Type of Action AMBA Dencel Samuels 5716 Whallandale Beh Blud & Add West park fr 33023 ____ Change MGR Deneel Samuels 5716 w hallandare Bch DAdd Blud west park F1 33023 Remove ☐ Change _□ Remove _____ Change □ Add _□ Remove _□ Change □ Add ☐ Remove _□ Change □ Add _□ Remove _____ Change

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Note:	ve date, if other than the date of filing:	rsuant to 605.020 not be listed a
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on $90th$ day after the record is filed.	the earlier o
Dated	Jan. 12, 2018	
	Damiers	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00