# 117000255329

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(City/State/Zip/Phone #)
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## **COVER LETTER**

	istration Sec ision of Corp			
	Comfortable	Fashion, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Christina J. Bryant		
			Name of Person	
		Comfortable Fashion, LLC	•	
		**************************************	Firm/Company	
		3507 Harvest Orchard Driv	y'e	
			Address	<del></del>
		Plant City, FL 33567		
			City/State and Zip Code	
		re7376@aol.com	to be used for future annual report notifi	
For further in	formation cor	ncerning this matter, please ca		cation)
Christina J. B	ryant		813 391-8748	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
<b>≘</b> \$25.00 Fi	ling 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

Comfortable Fashion, 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 Company were filed on December 13, 2017 and assigned Florida document number 1.17000255329 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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

It 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
MGR	Randel L. Bryant	3507 Harvest Orchard Drive	
		Plant City, FL 33567	_ ■ Remove
			☐ Change
MGR	Christina J. Bryant	3507 Harvest Orchard Drive	<b>=</b> Add
		Plant City, FL 33567	□ Remove
			☐ Change
			☐ Remove
			Change
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			☐ Change

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ffective date, if other than the an effective date is listed, the date maked in this blocument's effective date on the I	ist be specific and cannot be prior to lock does not meet the applica	o date of filing or more than 9		
e record specifies a delaye The 90th day after the re		an effective time, at	12:01 a.m. on the earlie	er of:
December 15	2017	<u> </u>		
	hation	Min A		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00