L17000756753

| (Requestor's Name) (Address) | 800384922548 |
|--|--------------------------|
| (City/State/Zip/Phone #) | 04/07/2201011017 ++25.00 |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | SECRETALL AND |
| (Document Number) Certified Copies Certificates of Status | R 77 PM 6: 07 |
| Special Instructions to Filing Officer: On May 19,2022, Iwas given permission to file this downent by Mrs. Darlene Connell Ireject downent, because of nan L210000 83497 | |

Office Use Only

A. BUTLER MAY 19 2022

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: OShun Coutive LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Melanie Guess Name of Person |
| Shun Couture UC Firm/Company |
| 7152 NW 14th ave Apt 102 |
| Miami, H. 33147 City/State and Zip Code |
| J-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Melante Guess at (786) 487-2888 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ■ \$25.00 Filing Fee |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ell FD

| N | 1 13ED |
|--|---|
| Ushun Courtive LL | .C 2022 APR ~7 PH 6: 08 |
| (A Florida Limite | mpany as it now appears on our records.) 111 6: 08 ted Liability Company) |
| he Articles of Organization for this Limited Liability Compa | any were filed on 12 18 2017 1/45 and assigned |
| Porida document number <u>L17000256753</u> . | |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | liability company here: |
| Heavenly Designed, L | LC |
| he new name must be distinguishable and contain the words "Limited Lie | iability Company," the designation "L.I.C" or the abbreviation "L.I.C." |
| Enter new principal offices address, if applicable: | 7152 Nw 14thave |
| Principal office address MUST BE A STREET ADDRESS) | 401 102 |
| | Miam, 71 33147 |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| 3. If amending the registered agent and/or registered offic | ce address on our records, enter the name of the new reg |
| | |
| gent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| | |
| Name of New Registered Agent: | Enter Florida street address |
| Name of New Registered Agent: | Enter Florida street address Florida 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> | Name | Address | Type of Action |
|--------------|------|---------------------------------------|----------------|
| | | | □Add |
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Page 2 of 3

| If an ef Note: | ive date, if other than the date of filing: |
|-------------------|--|
| ne re The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | March 31, 2022. |
| | |
| | Signature of a member or authorized representative of a member |
| | / Namature of a phorehole or authorised consequentation of a continue of |
| | Signature of a member or authorized representative of a member |



April 27, 2022

MELANIE GUESS 7152 NW 14TH AVE APT 102 MIAMI, FL 33147

SUBJECT: OSHUN COUTURE LLC

Ref. Number: L17000256753

We have received your document for OSHUN COUTURE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 122A00009816

Anissa Butler Regulatory Specialist II

www.sunbiz.org

Division of Compositions, D.O. DOV 6997, Well-based Bl. 11, 9991