11800034346

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



000309201510

02/22/18--01007--027 **25.00

18 FEB 22 PH 7: SC

SECRETARY OF STATE
TALLAHASSEE.FLORIDA

COVER LETTER

| PO: Registration So Division of Con | | • | • |
|--|--|---|--|
| SUBJECT: P | ERSONAL GLOTHI Name of Limi | NG LLC ited Liability Company | |
| • | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | John Re | Name of Person | |
| | | Name of Person | |
| | Personal ly | adapart LLC | |
| | | Firm/Company | , |
| | 70 - 1. 6 | | |
| | 727 (1:f | Address | |
| | | | |
| | Orlando, Fi | City/State and Zip Code | |
| | • • | - | |
| | E-mail address: | b be used for future annual report notin | fication) |
| For further information of | concerning this matter, please ca | all: | |
| John Rey Name o | P Person | at (315) 9 % S Daytime | 7423 e Telephone Number |
| Enclosed is a check for t | he 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

| Personal Clothing Li (Name of the Limited Liability Compa | | monowde) |
|---|---------------------------------|--|
| (A Florida Limited | Liability Company) | recorus. |
| The Articles of Organization for this Limited Liability Company | were filed on 02 lo- | and assigned |
| Florida document number L1800034346 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 18 EC |
| | | FEB |
| | | ASS |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | FLO FLO |
| | | <u>30 ₽</u> |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | ecords, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|-------------------------|----------------|
| | John R Villaverde Reyes | 727 Clifton Hills St | Add |
| | | Orlando, FL 32828 | 🗹 Remove |
| | | | ☐ Change |
| <u> </u> | Kylie L Mc Call | 727 Clifton Hills St | Add |
| | | Orlando, FL 32828 | Remove |
| | | | Change |
| 20 | Jacob D Rood JACOB D ROOD | 14890 Hawksmoor Run Cir | 🖸 Add |
| | 4 /1000 to 1100p | Orlando, FL 32828 | □ Remove |
| | | | Change |
| | Personal Interest LLC PERSONAL INTEREST LLC | 727 Clifton Hills St | |
| | | Orlando, FL 32828 | Remove |
| | | | Change |
| | - | | |
| | | | Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |

| · _ | iding any other information, enter change(s) here: (Attach additional sheets, if necessary. | , | |
|--------------------|---|--------------|-----------------------|
| _ | | | |
| · <u> </u> | | <u>.</u> . | |
| | | | |
| _ | | | |
| | | | |
| | | ಹ | |
| | | ## N | A T A |
| | | | |
| | | | - |
| | | | 2 2 2 2 7 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| an effec ote: I | te date, if other than the date of filing: | | |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed. | n the earlie | rc |
| ated _ | February 19th . 2018. | | |
| | Signature of a member or authorized representative of a member | <u></u> | |
| | | | |

Page 3 of 3

Filing Fee: \$25.00