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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Afritre Designs 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:	
Adaja Barnes Name of Person	
Afritre Designs LLC	
1605 Red Cedar Drive Apt 22	
Fort Myevs FC 33907  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Add a Barrels at (239) 6723473  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee,  Certificate of Status Certified Copy Certified Copy  (additional copy is enclosed) 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

Afritre Designs 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 3/9/2018 and ass	signed
Florida document number <u>L1800062517</u>	
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	.L.C."
Enter new principal offices address, if applicable:	S
(Principal office address MUST BE A STREET ADDRESS)	CCR LLAH
<u> </u>	ASS SE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	TATE
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	of the nev
registered agent and/or the new registered office address fiere:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
City , Florida	<del></del>
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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit	

If Changing Registered Agent, Signature of New Registered Agent

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 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
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ated_	90th day after the record is filed.  April 12, 2018  When Barre of a member or authorized representative of a member  Adaja Barre of signee  Typed or printed name of signee		
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	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00