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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ENOK! COULUTE SCRUBS, 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:
Matasha Jones
Enoki Couture Scrubs, LLC
3497 NW 191St Street
Miami Gardens F1 33056
For further information concerning this matter, please call:
Mame of Person JONES at 754 209-4144 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	2620 AL 201 500
(Name of the Limited Liability Comps (A Florida Limited	EATS, LLC PHIZ: 00
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800013544</u>	nein I mais
This amendment is submitted to amend the following:	
A. If mending name, enter the new name of the limited lial ENDE COUTURE The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	crubs, LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	133945W 26th Street Miramar F133027-3872
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: Mid	FASHA JONES 97 UW 1915t Street Enter Florida street address Mi Garden Strong 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 = N $AMBR = A$	lanager .uthorized Member	2020 AUG 21; PH 12: 00	
<u>Title</u>	Name / / /	Address	Type of Action
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
ne recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	8/17 2020
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00