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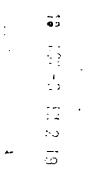
(Re	questor's Name)	
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COVER LETTER

Division of Cor	porations		-
ZZ'S FUN SUBJECT:	CLOSET LLC	••	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AKII, A EDWARDS		
		Name of Person	
		Firm/Company	
	1926 NW 4TH CT		
	·	Address	
	FORT LAUDERDALE FI	1. 33312	
	COOPERWIZARD2@GM	City/State and Zip Code AIL.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
AKIL A EDWARDS		754 801-9993	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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)

TO:

Registration Section

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

ZZ'S FUN CLOSET LLC				
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	ir records.)	<u></u>
The Articles of Organization for this Limited I Florida document number L18000243097	Liability Company v	vere filed on 10/16/20	18	and assigned
This amendment is submitted to amend the fol	lowing:			· vi · 1 SE · ·
A. If amending name, enter the new name of	of the limited liabil	ity company here:	- .s	2: 19
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	1926 NW 4TH COUR	T FORT LAUDI	ERDALE, FL 33312
(Principal office address MUST BE A STREA	<u>ET ADDRESS)</u>			- · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		1926 NW 4TH COUR	T FORT LAUDE	ERDALE, FL 33312
(Mailing address MAY BE A POST OFFICE	S BOX)			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			records, enter	the name of the nev
Name of New Registered Agent:	AKIL A EDWA	RDS		
New Registered Office Address:	1926 NW 4TH C			
		Enter Florida stre	et address	
	FORT LAUDER	DALE	Elements 33.	312

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MGR	AKII. A EDWARDS	1926 NW 4TH COURT	
		FT. LAUDERDALE FL 33312	■ Add
		FT. LAUDERDALE FL 55512	☐ Remove
			Change
MGR ZAKILA R EDWARDS	ZAKILA R EDWARDS	P.O. BOX 4232	
			= Add
		CARTERSVILLE, GA 30120	Remove
			Change
			□ Add
			Remove
			☐ Change
			—————————————————————————————————————
			Remove
			☐ Change
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			Change
			DAdd
			□ Remove
			☐ Change

	
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic becument's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0 able statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but no The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier
nted OCTOBER 29 2018	
// 1 2	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00