## 118000244945

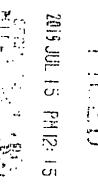
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## **COVER LETTER**

TO:	Registration So Division of Co			
	Guilty Feti	sh LLC		
SUBJI	ECT:		nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Stephen Wright		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Guilty Fetish LLC		
			Firm/Company	<del></del>
		P.O. BOX 960911		
			Address	<del></del>
		Miami, Florida 33296		
		Guiltyfetishllc@gmail.com	City/State and Zip Code	, <u> </u>
		E-mail address: (	to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please c	all:	
Stephe	en Wright		786 5672235	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>□</b> \$2:	5.00 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

Guilty Fetish LLC					
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on Florida document number L18000244945					
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	o <u>f the limited lial</u>	oility company here:			
Guilty Fetish LLC					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	on "LLC" or the abbrev	viation "L.L.C."	
Enter new principal offices address, if appli	14790 SW 88 ST				
(Principal office address MUST BE A STRE	Miami, Fl 33196				
		#960911	त्र	1813	
Enter new mailing address, if applicable:		P.O. BOX 960911	· • · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Fl 33296	12.	7	
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>enter the</u>	name of the n	
Name of New Registered Agent:	Stephen Wrigh	it			
New Registered Office Address:	14790 SW 88 5				
		Enter Florida stree	et address		
	МІАМІ		, Florida		
		City		Lip 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Stephen Wright	14790 SW 88 ST	
		Miami, Fl 33196 #960911	□ Remove
			■ Change
		- <u>-</u>	
			□ Remove
			Change
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		<del></del>	Remove
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			Change
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NEW EIN Number: 83-2267028		
<del> </del>		
<del></del>		
<u> </u>		
Effective date, if other than the date (If an effective date is listed, the date must be sometimes. Note: If the date inserted in this block of document's effective date on the Depart	te of filing:	207 ( as t
he record specifies a delayed eff The 90th day after the record	fective date, but not an effective time, at 12:01 a.m. on the earlier is filed.	of:
July 11	2019	
Dated	1. 1. 1. A	
Stephen Wright	nature of a member or authorized representative of a member	
Stephen wright	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00