L19000 025 671

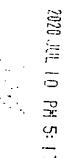
(Re	questor's Name)	
(Ad	dress)	•
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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AUG 21 2020

S. YOUNG

COVER LETTER

Division of Corp	non orations			
SUBJECT:	Tashiona Name of Lim	hly L.L. C		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
	- Lig	ene Erreenlau Name of Person	J	
		Firm/Company	ly LLC	
	.3500 IN	Lashinuton St.	Apt = 2	10 A
	Hollyuk	City/State and Zip Code	91	
For further information con	E-mail address: (incerning this matter, please ca	e Gand a comail.	(Orr) port notification)	
	Creer (au)		971-5/2 Daytime Telepho	0 / ne Number
Enclosed is a check for the	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:		Street Add	ress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fit	Fashionably L.L	. С
(<u>Name of the Limite</u>	d Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited Lia Florida document number <u>L 19000 25</u>	bility Company were filed on	1/24/2019 and assigned
This amendment is submitted to amend the follow	wing:	, v
A. If amending name, enter the new name of	the limited liability company	y here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address		r records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter	Florida street address
	City	, Florida Ziv Code
	City	24/ C 046

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 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>	Name	Address	Type of Action
MGR	Eugano F. Greenlaw	1000 NW 1ST AVR Apt # 907 Mami F1,37136	🗹 🗖 Add
			□Remove
			□Change
MGR	Eeno Green	1000 No 1st Ave # 907 Miami Fi 33136	□Add
			SRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

II AM	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
`ffec	tive date, if other than the date of filing: (optional)
fan ei <u>Note:</u>	tive date, if other than the date of filing:
reco	rd 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 filed.
ated	7/6/2620
	Signature of a member or authorized representative of a member
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Typed or printed name of signee