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COVER LETTER

TO:	Registration Se Division of Cor			•	
SUBJE	CT:	Name of Lim	ASHION STORE	, <u>LL</u> e_	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	eturn all correspo	ondence concerning this matter	to the following:		
		<u>keī</u>	LINE BLANC		
			Firm/Company		
		1009 W JA:	MINE LANE		
		NORTH LAU	DRRDALE F City/State and Zip Code (Hink) STORE, PET	33 <i>068</i>	
		SAles DCKFAS E-mail address:	HION STORE DET to be used for future annual report notific	CKFASHION/ICWG	mail. Com
For furt	her information c	oncerning this matter, please of	all:		
_K	Name o	B/ANC f Person	at (954) 7/6-/2 Area Code Daytime	7-62 . 282 Telephone Number	Coreman S
Enclose	d is a check for th	he following amount:		-6 I	## 5 + * * रुग
□ \$ 25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status Certified Copy (additional copy is enclosed)	Ü

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

Street Address: 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**

CK FASH	ION STORE //C
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $01/28/2019$ and assigned 7.
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limit	ed liability company here:
CK FOON STORE ! (
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	6
Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			©Remove
			□Change
	-p		□/短
			J. J. Remove
			Remove To Date
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			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
I would like TO CHANGE THE NAME OF MY BUSINOSS FROM CK FASHION STORE TO	
BUSILDASS FROM CKTASHION) STORE TO	
CK Food STORE.	
THANK YOU.	
20	
2023 	(क्यां)म्स्
	.! <u>!</u>
<u> </u>	
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E. Effective date, if other than the date of filing:	17 / LWF
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	is the
document's effective date on the Department of State's records,	
If the record 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 record is filed.	ż
Dated 12/16/2022	
Ket/i ne Blanc Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00