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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

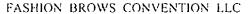
TO:

FASHIC SUBJECT:	FASHION BROWS CONVENTION LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:	\$ eg		
	LUZA CAR	RMONA RODRIGUEZ	•		
		Name of Person			
	FASHION	BROWS CONVENTION LLC			
		Firm/Company			
	P.O. BO.	X 720213			
		Address			
	ORLAN	ORLANDO, FLORIDA 32872  City/State and Zip Code starluza@hotmail.com			
	st				
	E-mail address: (	to be used for future annual report notifi	eation)		
For further information	concerning this matter, please c	all:			
LUZA CA	RMONA RODRI	407 405-8699 at ( )			
Name of Person			Telephone 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)		
Regis	LING ADDRESS: stration Section ion of Corporations	STREET/COURIE Registration Section Division of Corpora			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



ARTICLES OF T			
ARTICLES OF C		Sign Control of the C	
0			
FASHION BROWS CONVENTION LLC		<u> </u>	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	E.	
	a MARCH II 2019	143	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number L19000067725			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
<u> </u>			
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of		enter the name of the ne	
registered agent and/or the new registered office address here	<u>:</u>		
Name of New Registered Agent:			
Name of New Registered Argent.			
New Registered Office Address:	Enter Florida street address		
	Line) Florida sireer landress		
	, Florio	da Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	·	
I hereby accept the appointment as registered agent and agre	ge to act in this canacity. I furth	er auree to comply with the	
provisions of all statutes relative to the proper and complete	performance of my duties, and i	I am familiar with and	
accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office			
company has been notified in writing of this change.	adaress, i nereby conjum that i	не итива напину	

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>	<u>Address</u>	Type of Action
MGR	LUZA CARMONA RODRIGUEZ	3434 Pinebrook Ct. Orlando, FL 32822	
			■ Remove
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			☐ Change
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	05/13/2019		
	st be specific and cannot be prior to lock does not meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursua le statutory filing requirements, this date will no	
e record specifies a delayed The 90th day after the rec		an effective time, at 12:01 a.m. on the	e earlier of
MARY 13	2019		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00